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Appendix 1: Strategy and Rating Criteria Descriptions

Strategy	Stage of process[1]
Prevent the need for conservatorship by improving the ability of intensive outpatient teams to serve vulnerable individuals. This strategy refers to enhancing the ability of Full Service Partnership (FSP) programs or other intensive outpatient teams to identify and serve vulnerable individuals, and when possible, prevent them from becoming gravely disabled (i.e., preventing the need for LPS conservatorship).	**Before**
Improve the administrative functioning of the Office of the Public Guardian (OPG) and the judicial processes in establishing and managing conservatorship. This strategy would modernize and streamline the administrative functioning of the conservatorship process. Modernization improvements may include increasing the use of technology to facilitate clinician testimony (i.e., tele-testimony) and facilitating the use of electronic health records. Other improvements may include establishing a consistent and streamlined method for scheduling hearings/jury trials and updating attendees on schedule changes. Separating the investigative and supervisory functions of the OPG and more fully integrating the Lanterman-Petris-Short (LPS) conservatorship process into the clinical system (e.g., via close coordination between Full Service Partnership (FSP) teams and public guardians) may also facilitate modernization. These improvements may increase clinicians' ability to attend hearings/jury trials, improve clinician engagement in the LPS renewal process (thereby preventing unintended revocation of conservatorship), and reduce the amount of time individuals spend on temporary conservatorship.	**During**
Develop specially-trained "Temporary Conservatee FSP" outpatient treatment teams (i.e., "T-Con FSP") that start working with temporary conservatees on the inpatient unit once a Lanterman-Petris-Short (LPS) investigation is opened. This strategy involves improving the ability of outpatient FSP programs to identify and serve individuals immediately when a petition for conservatorship is filed. T-Con FSP teams would enroll individuals in care while on the inpatient unit. This assertive linkage to outpatient services may in some cases allow the temporary conservatee to be discharged to outpatient care while awaiting a hearing/jury trial (according to discharge planning conducted by both the inpatient and T-Con FSP teams). In some cases, the linkage to intensive outpatient services may prevent the need for proceeding to conservatorship.	**During**
Develop new specialized outpatient residential settings for temporary conservatees. This strategy requires the development of new, unlocked, specialized outpatient residential settings where individuals on temporary conservatorship can receive intensive supports outside of the hospital while they await hearing/jury trial. These could be unlocked residential settings (e.g., Adult	**During**

[1] Strategy is applicable **Before** an individual is engaged in the conservatorship process (i.e., preventative) ; **During** temporary conservatorship (i.e., after a temporary psychiatric hold has been initiated but before a conservatorship determination is made); **After** a conservatorship determination has been made; or at **All stages** of the process.

Residential Facilities (ARFs), Assisted Living Facilities (ALFs), Board and Cares, Mental Health Rehabilitation Centers) or other high-quality supportive residences (e.g., Skilled Nursing Facilities (SNFs)) that specialize in caring for temporary conservatees. This strategy could involve developing new facilities or dedicating beds in existing facilities for temporary conservatees.	
Increase use of Institutions for Mental Disease (IMDs) to serve temporary conservatees awaiting hearing/jury trial. This strategy is about increasing the use of IMD beds, defined as locked institutional settings, after gravely disabled individuals enter the temporary conservatorship (T-Con) process, but before a conservatorship determination is made. Individuals on T-Con (include those coming from the jail) could be routinely admitted to an IMD rather than to an inpatient acute care facility or could transition to an IMD after stabilization on an inpatient unit.	**During**
Develop new specialized outpatient residential settings where those on Lanterman-Petris-Short (LPS) conservatorship can receive intensive supports outside of a locked setting. This strategy refers to expanding and enriching the continuum of residential environments available to individuals who have been conserved. This strategy would develop new specialized, unlocked outpatient residential settings where those already conserved can receive intensive supports outside of an Institutions for Mental Disease (IMD). These could be unlocked, high-intensity residential settings e.g., Adult Residential Facilities (ARFs), Assisted Living Facilities (ALFs), Board and Cares, Mental Health Rehabilitation Centers) or other high-quality supportive residences (e.g., Skilled Nursing Facility (SNFs)) that specialize in caring for those who are conserved and are in need of intensive outpatient supports. Individuals could move directly to these facilities once conserved or could stabilize within an IMD prior to transfer to these specialized facilities. This strategy may shorten IMD stays for conserved individuals, thereby creating capacity within IMDs, and facilitating discharge from inpatient facilities to IMDs for other conserved individuals.	**After**
Increase in IMD bed capacity to speed discharge of conservatees from inpatient units. This strategy involves increasing the supply of locked IMD beds, defined as locked institutional settings, available to conservatees. Once the Lanterman-Petris-Short (LPS) conservatorship has been established by the court, conservatees would be able to move promptly to an IMD and out of an inpatient unit.	**After**
Simplify the outpatient conservatorship process for adults. This strategy involves establishing coordinated procedures for initiating outpatient conservatorship and simplifying the conservatorship process from an outpatient setting. This strategy could eliminate the need for some individuals to enter designated acute psychiatric care facilities.	**After**
Pursue legislative changes to improve the conservatorship process. This strategy involves pursuing legislative changes that aim to improve the conservatorship process. These changes might include modifying definitions of grave disability or creating clearer guidelines for establishing conservatorship.	**All stages**

Rating Criteria

Efficiency

Explanation: The degree to which this strategy will advance LA County's ability to use resources in an appropriate, streamlined, coordinated, and cost-effective manner.

Rating Question: How efficient is this strategy? Here, efficient refers to using LA County's resources in an appropriate, streamlined, coordinated, and cost-effective manner.

Scale: 1 = Not efficient and 9 = Very efficient.

Ethical Appropriateness

Explanation: The likelihood that this strategy will maximize client autonomy, and minimize harms to individuals, while advancing health equity for populations.

Rating Question: How ethically appropriate is this strategy? Here, ethically appropriate refers to maximizing client autonomy, minimizing harms to individuals, and advancing health equity.

Scale: 1 = Not ethically appropriate and 9 = Very ethically appropriate.

Feasibility

Explanation: The extent to which this strategy is practical, viable, and possible to implement in LA County.

Rating Question: How feasible is this strategy? Here, feasible refers to how practical, viable, and possible it is to implement this strategy in LA County.

Rating scale: 1 = Not feasible and 9 = Very feasible.

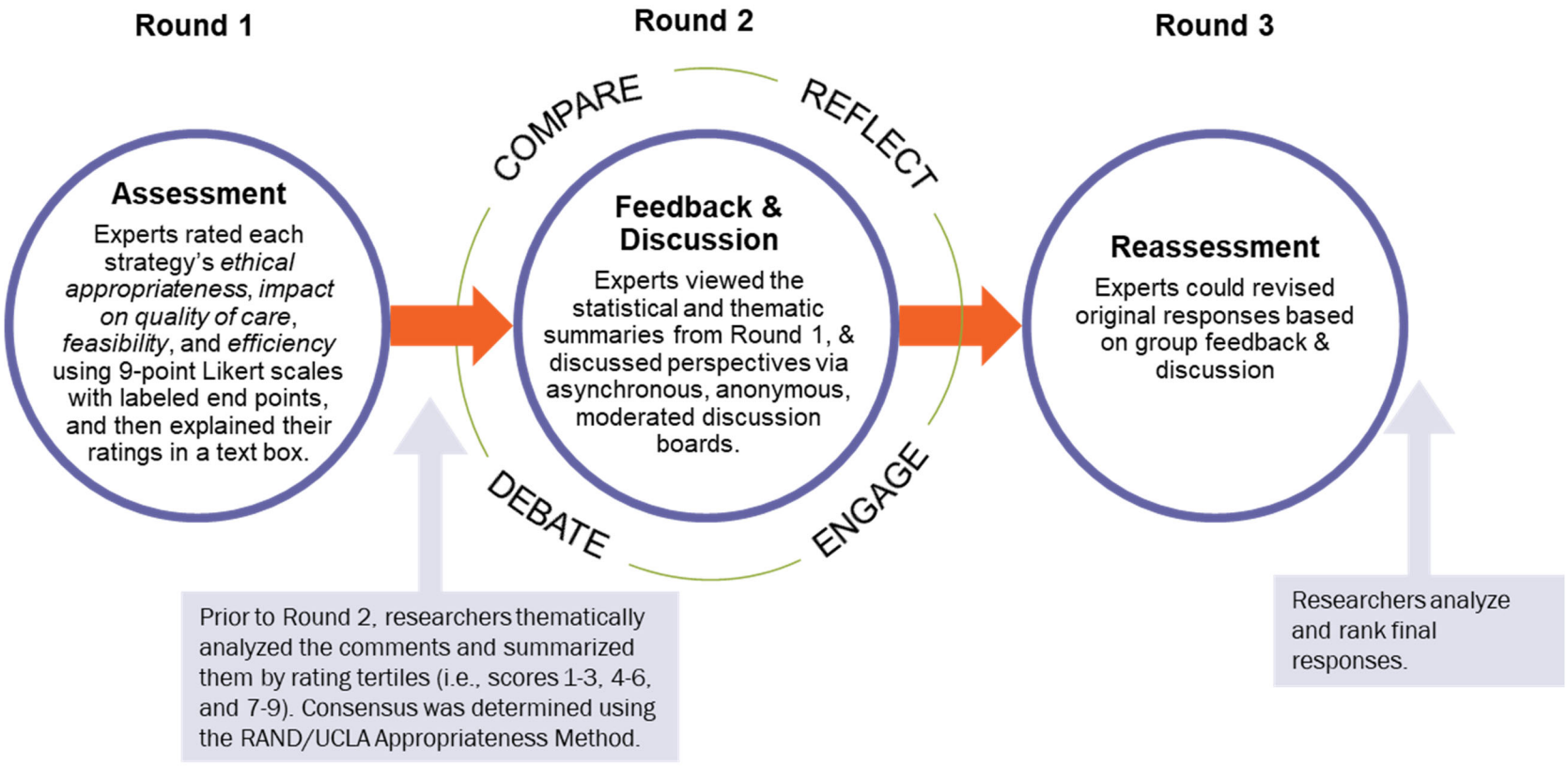
Impact on Quality of Care

Explanation: The ability of this strategy to improve the overall quality of the services delivered to individuals who are gravely disabled and/or at risk of becoming gravely disabled.

Rating question: How likely is it that this strategy will have a positive impact on the overall quality of services delivered to individuals who are gravely disabled or at risk of becoming gravely disabled?

Rating scale: 1 = Very unlikely and 9= Very likely

Appendix 2. Three-Round Online Modified Delphi Process Rating Ethical Appropriateness, Impact on Quality of Care, Feasibility, and Efficiency of Proposed Strategies



Appendix 3: Description of Strategies Ranked 4-9

The following summary of results is included as an appendix to describe the remaining six strategies not covered in the main text.

The strategy *develop a temporary conservatee full service partnership* was ranked fourth. This strategy involved developing specially-trained FSP treatment teams that start working with individuals on the inpatient unit during the conservatorship process. Experts rated this strategy relatively highly on almost all criteria, but disagreed about its feasibility. Experts commented that this strategy was likely to have a positive impact on patient wellbeing by improving health outcomes and promoting recovery, but were concerned that it would require availability of and linkages to housing placements. Like other strategies involving outpatient services, there were challenges associated with providing involuntary treatment: some clients may refuse services, and outpatient teams cannot require participation.

Increasing IMD bed availability for already conserved individuals was ranked fifth overall. Experts rated this positively on almost all criteria, but were uncertain about its feasibility. Experts discussed the need for more locked IMD beds, either by licensing more existing beds or creating new ones. *Increasing IMD capacity* was expected to have a positive impact on level of care by reducing extended hospital stays, as long as individual patient needs were taken into account. Experts were concerned that locked IMD beds were expensive and could strain already limited resources that could be used for less restrictive settings.

The strategy *Simplify outpatient conservatorship*, which involves establishing coordinated procedures for initiating outpatient conservatorship application, was ranked sixth. Experts were concerned about the lack of authority of outpatient settings to mandate court attendance or treatment. This strategy was likely to have a positive impact on patient wellbeing because individuals could be conserved without the need for forced hospitalization.

Developing new unlocked outpatient residential settings where temporary conservatees can receive intensive supports during the conservatorship process was ranked seventh. Experts rated this strategy positively on ethical appropriateness and efficiency. While they agreed that the feasibility of this strategy is uncertain, they disagreed on the overall positive impact. Again,

experts were concerned that patients in outpatient settings might not accept care voluntarily. They suggested this strategy would require additional resources.

Increasing the use of IMDs for temporary conservatees during conservatorship ranked eighth. While experts rated this strategy as ethically appropriate, they disagreed on whether it would have an overall positive impact, be feasible, or efficient. The lack of available locked IMD beds was a significant barrier for this strategy, and more locked IMD beds would be needed for this strategy to be feasible. Experts did not think this strategy was a good use of resources.

The lowest-ranked strategy was to *pursue legislative changes to improve the conservatorship process*, for example, by modifying definitions of grave disability or creating clearer guidelines for establishing conservatorship. Experts rated this strategy as ethically appropriate but were uncertain about its overall impact, feasibility, and efficiency. Any legislative changes would need to protect the delicate balance between patient safety and autonomy. This was the only strategy that experts suggested it would be necessary and yet very difficult to gain the political consensus needed for implementation due to the variability of strongly held opinions on this topic. Experts also suggested that more services need to be made available before legislative changes are made. As one expert said, “Focusing resources to change the law does nothing to build out programs.”