

LPS Conservatorship & The Implementation of Senate Bill 43

DAS and DPH presentation

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Daniel Tsai

Director, Department of Public Health

Kelly Dearman

Executive Director, Department of Disability and Aging Services



City & County of San Francisco
Department of Public Health



SAN FRANCISCO HUMAN SERVICES AGENCY
**Department of Disability
and Aging Services**

Agenda

- Executive Summary
- Overview: LPS Conservatorship and SB 43
- SB 43 Implementation
- Successes
- System Challenges and Workflow Adaptations
- Improvements & Work Underway

Executive Summary

Goal of conservatorship: To allow individuals to recover from their grave disability by connecting them to care, treatment, and services that promote well being and stability.

- SB 43 expanded the criteria for placing involuntary holds and for filing for conservatorships
- Following the implementation of SB 43, there was an increase in conservatorships due to inter-departmental focus and coordination.
- This increase highlighted system needs and the challenges related to outpatient referrals.
- In response, workflow changes were made for the outpatient referral process that resulted in a slowing of conservatorship referrals to pre-SB 43 levels.
- The work underway addresses the systems needs and works to remove barriers to both pathways to conservatorship (inpatient and outpatient).

Overview: LPS Conservatorship

- The **Lanterman-Petris-Short (LPS) Act of 1967** governs the procedures for involuntary commitment (both 72-hour holds and LPS conservatorship).
- LPS Conservatorship is a legal process through which the Superior Court appoints a conservator to authorize treatment of a person who is **gravely disabled**.
- The goal of conservatorship is to connect individuals with the supports and services they need to promote stability and well-being — with the hope that they later no longer meet criteria for conservatorship and can remain safely in the community.
- Within the **Department of Disability and Aging Services (DAS)**, the **Office of the Public Conservator (PC)** works closely with the **Superior Court** and **Department of Public Health (DPH)** to authorize, carry out, and oversee treatment for individuals under conservatorship.

Overview: SB 43

- SB 43 (Eggman) amended the definition of Grave Disability beginning January 1, 2024, to the following:
 - A condition in which a person, as a result of a mental health disorder, a *severe substance use disorder*, or a co-occurring mental health disorder and a substance use disorder, is unable to provide for their basic personal needs for food, clothing, shelter, *personal safety, or necessary medical care*.
 - Definition applies to involuntary holds (e.g., 5150) and LPS conservatorships
- Addresses “Hearsay Exception”
- What did not change under SB 43?
 - The referral, petition and broad legal process for LPS conservatorship.
 - **Due process protections** that are provided to individuals throughout the conservatorship process.
 - The use of **conservatorship as an intervention of last resort**.

SB 43 Implementation: Setting the Precedent

- San Francisco and San Luis Obispo County were the only two counties in CA to implement SB 43 on January 1, 2024 (ahead of the January 1, 2026 deadline).
- State provided minimal guidance on the practical implementation of SB 43.
- In coordination with multiple city departments, early adoption required:
 - Drafting new procedures and training affected clinicians and first responders.
 - Developing new case examples that met amended criteria.
 - Creating other resources to support successful implementation (e.g., new legal documents for conservatorship referrals).

SB 43 Implementation: Executive Steering Committee

- Mayoral Executive Directive established an Executive Steering Committee, co-chaired by DAS and DPH, to coordinate SB 43's implementation.
- Committee met monthly prior to and through the first year of SB 43's implementation and attended by leadership from multiple departments:
 - Department of Homelessness and Supportive Housing
 - Department of Benefits and Family Support
 - Sheriff's Office
 - Police Department
 - Fire Department
 - Department of Emergency Management
 - City Attorney
 - Mayor's Office

SB 43 Implementation: Leadership and Interdepartmental Coordination

- Developed and implemented new policies/procedures and centralized workflow to identify and coordinate appropriate services for individuals of concern.
- Trained 1,700+ people from behavioral health, emergency services, law enforcement on SB 43.
 - Incorporated materials into ongoing 5150 training and certification.
 - Provided training and an SB 43 manual to hospitals.
- Interdepartmental coordination to streamline and improve:
 - Transportation to hospitals/emergency departments.
 - Identification and referral process.
 - Placement needs and availability.
- Improved coordination with providers across the city to support referrals and connect individuals to appropriate level of care.
- Developed and reporting of key metrics on SB 43 implementation.

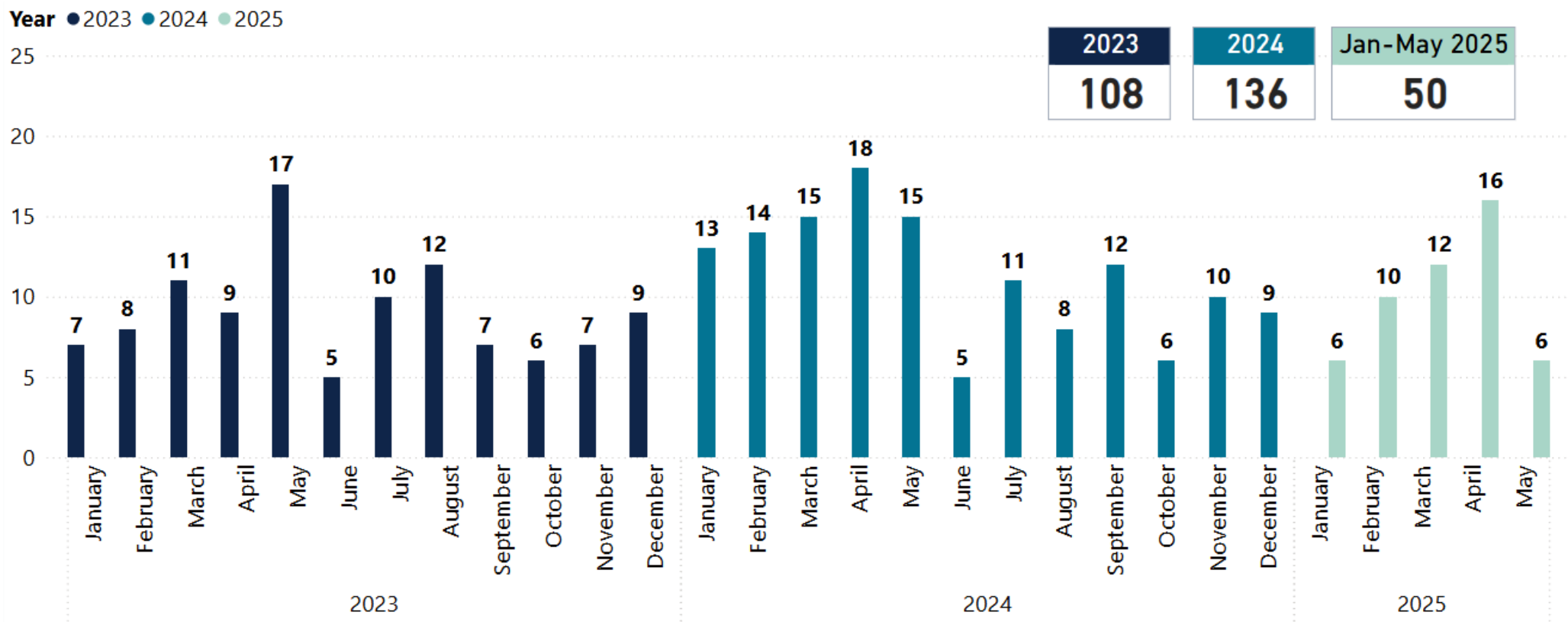
SB 43 Implementation: Successes

- Launched on January 1, 2024, with a short planning runway, through a coordinated interagency effort that leveraged existing infrastructure to facilitate this new citywide process.
- Departments met monthly to review data, troubleshoot, and course correct as needed:
 - Adjusted workflow as needed.
 - Built departmental leadership support in communicating the policy changes across their staff/programs.
 - Facilitated transportation working group to address challenges with transporting individuals on involuntary holds, resulting in EMS and SFPD policy updates.
 - These coordinated efforts led to an increase in referrals for the first half of 2024.

SB 43 Implementation: Conservatorships Granted

- 186 temporary conservatorships granted since SB 43 implementation (50 since Jan 2025)
 - 163 used the expanded grave disability criteria under SB 43 (46 since Jan 2025)
 - No conservatorships used only expanded grave disability criteria (e.g., SUD only)

Temporary LPS Conservatorships Granted by Month, January 2023 - May 2025

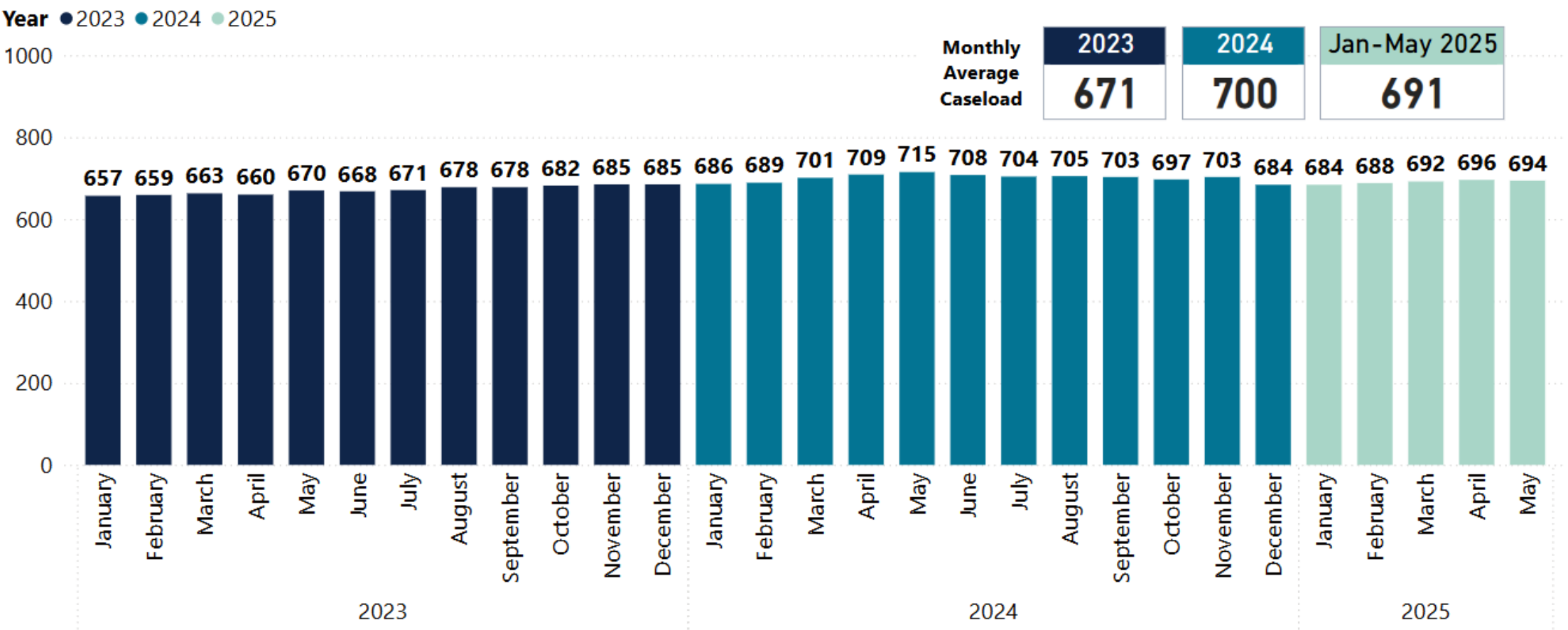


Data source: SF Office of the Public Conservator program data

SB 43 Implementation: Conservatorship Caseload

- Monthly average caseload in 2025 (691) went up 3% from 2023; 1% decrease from 2024

Active LPS Conservatorships by Month (Point-in-Time), January 2023 – May 2025



Data source: SF Office of the Public Conservator program data

System Challenges and Workflow Adaptations

The increase in conservatorship referrals for the first 6 months of implementation was followed by a return to pre-SB 43 levels. This trend was due to system challenges and workflow changes:

System challenges with SB 43 implementation:

- Increased demand for locked subacute placements stretched capacity.
- Lack of appropriate placements for clients with multiple needs (mental health + SSUD + non-acute medical needs).
- Increase in outpatient referrals encountered barriers to placement for community conservatorships.
 - Locked subacute placements traditionally only accept referrals from inpatient facilities; not as accessible for community conservatorships.

System Challenges and Workflow Adaptations

Additional system challenges:

- State law and regulatory structure:
 - No requirements for facilities to accept individuals with SUD/MOUD.
 - Only psychiatrists/psychologists may make conservatorship referrals.
- Barriers to placement into appropriate treatment settings:
 - Court approval of conservatorship and treatment setting.
 - Hospital inpatient capacity limits pathways to conservatorship.
- Coordination across hospitals to address assessment, management of, tracking, and follow-up with involuntary holds.
- Connection to ongoing care/placement for people not eligible for involuntary holds (e.g., abridged timeline to connect to care, difficulty locating individuals in the community, complex needs and patient circumstances etc.)

System Challenges and Workflow Adaptations

Workflow Adaptations

- There are two main referral pathways for conservatorship: Inpatient referrals, for individuals in a designated facility/hospital, and outpatient referrals, for individuals in the community.
- In the fall of 2024, the workflow around criteria for submitting an outpatient referral for conservatorship was adapted in response to system challenges.
- Workflow Goals:
 - Managing increase in referrals, especially outpatient referrals.
 - Solidifying placement and care plans with goal of increasing court's receptivity.
 - Decrease burden on providers writing Justification and Recommendations (J&Rs; the main form recommending conservatorship for a client).
 - Ensure J&Rs submitted move forward successfully with the court.

Work Underway

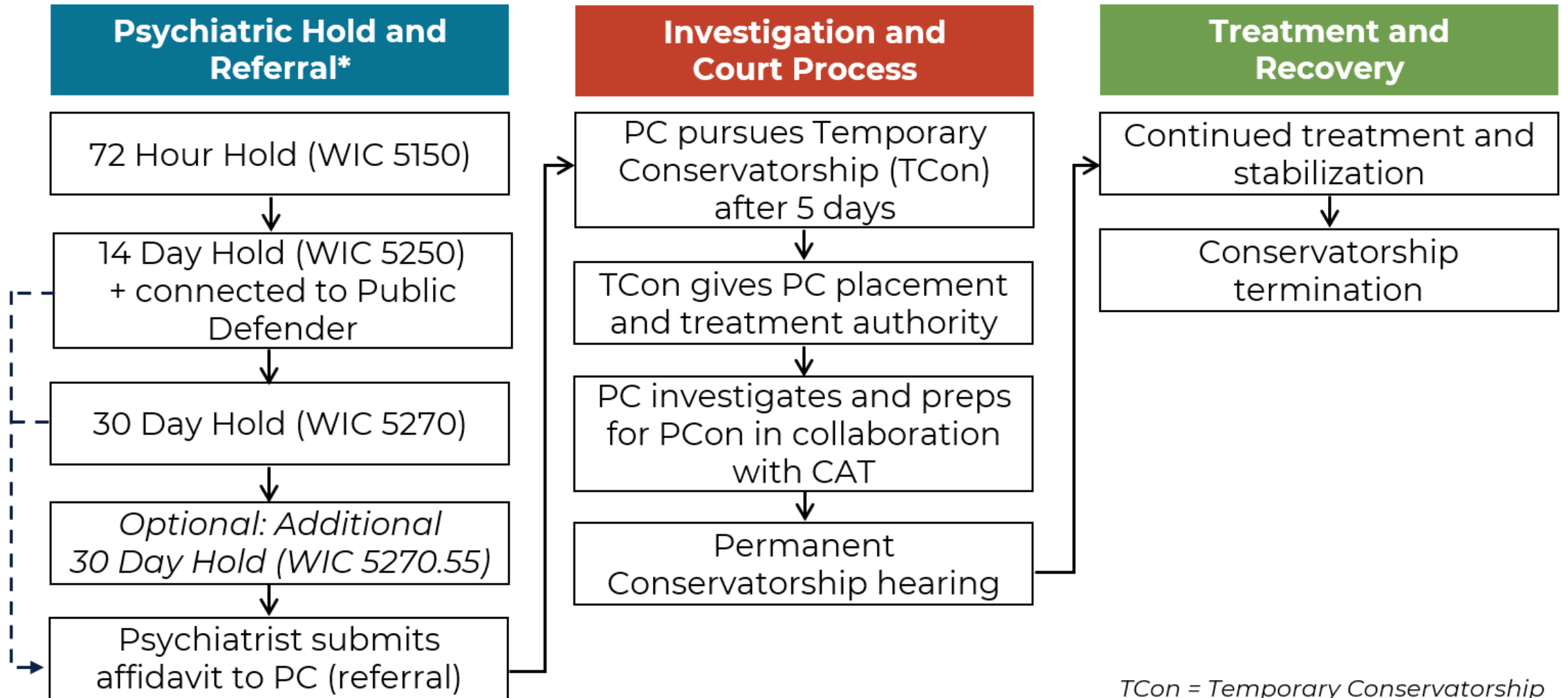
- SFDPH and DAS continue to collaborate to address challenges, including by enhancing placement solutions for community conservatorships.
 - Collaborative **pilot to provide shelter + support** for short-term wrap around support that will enable outpatient community conservatorships to move forward while identifying longer-term placements.
 - Internal procedural review to remove barriers for outpatient referrals to locked subacute providers.
- Under the City's *Breaking the Cycle* approach, DPH continues expanding treatment capacity:
 - **Crisis** (for law enforcement) – expanded psychiatric emergency services;
 - **Treatment & Recovery** – more locked subacute mental health beds, new SUD and dual diagnosis treatment beds;
 - **Rapid, Low-Barrier Treatment & Stabilization** – e.g., RESTORE (bed + treatment), enhanced shelter, stabilization/respite beds;
 - **Step-Down & Ongoing Recovery** – expanded recovery-oriented programs, transitional housing, residential care facilities.

Work Underway

- Improving partnership between departments and hospitals in care of gravely disabled individuals on involuntary holds and pursuit of conservatorship, if appropriate.
- Identifying advocacy opportunities for state legislation.
- Improving connections to ongoing care/placement for people on 5150 holds who do not meet grave disability criteria (yet).

Thank you

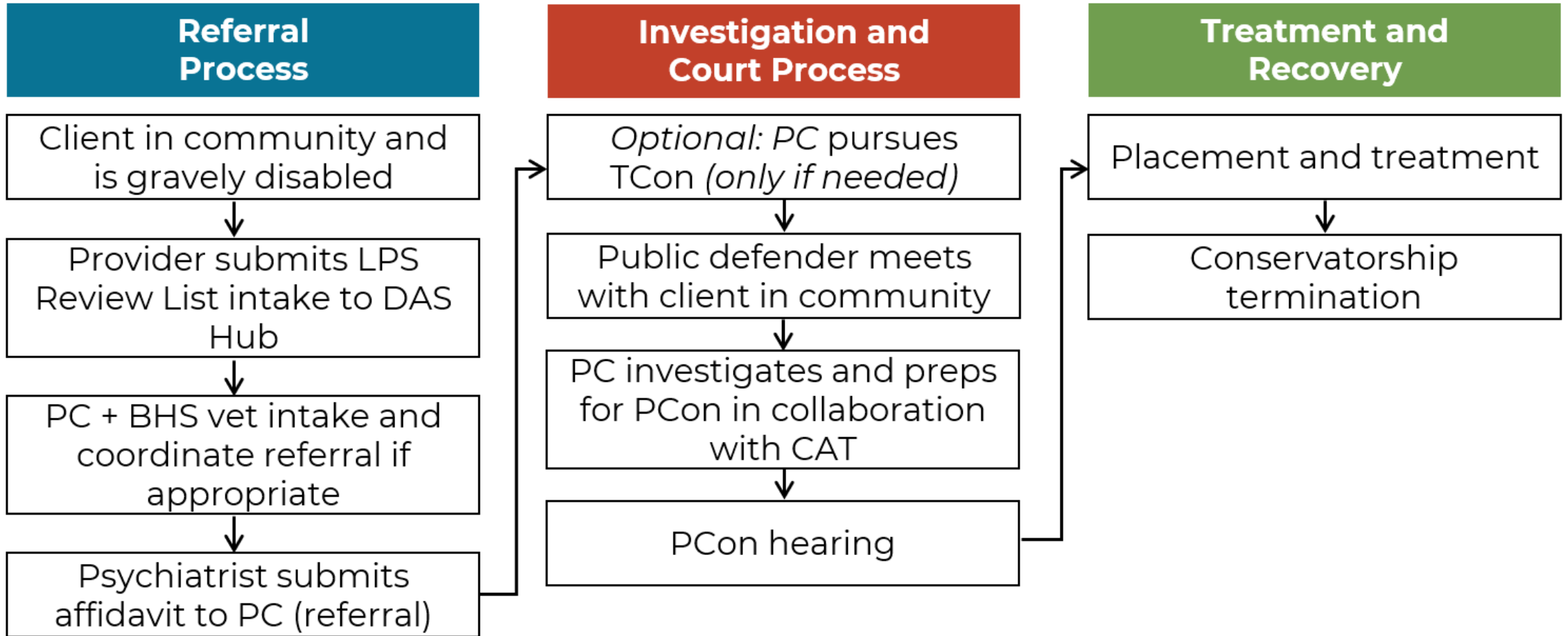
LPS Process Flow from Inpatient Hospital/Jail Referral



**Referral for conservatorship may be filed at any point after 5150 hold*

*TCon = Temporary Conservatorship
PCon = Permanent Conservatorship*

LPS Process Flow from Outpatient Settings (e.g., Community)



TCon = Temporary Conservatorship
PCon = Permanent Conservatorship

Details on the Outpatient Referral Workflow Change

Previous Workflow:

- An outpatient referral for conservatorship was made to the PC if an individual was found to be gravely disabled.

Updated Workflow:

- Outpatient provider submits LPS Review List intake through the DAS Hub.
- An outpatient referral for conservatorship may be submitted to PC if two requirements are met:
 - The individual is found to be gravely disabled.
 - An actionable placement and care plan is in place.
- If met, the PC notifies the provider they may submit the outpatient referral.