

# SB1045 – HOUSING CONSERVATORSHIP OVERVIEW

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Hearing and Ordinance  
**Files 190372 and 181042**



# Presentation Outline

- I. Introduction
- II. A Case Story
- III. Existing Care Options
- IV. Senate Bill 1045
  - Housing Conservatorship Pilot
  - Population
  - Process
  - Connection to Housing
  - Key Provisions
  - Services and Implementation
- V. Behavioral Health Services
- VI. Testimonial
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# INTRODUCTION

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# Issue

- The landscape of need has changed.
- Current methamphetamine and opioid epidemic.
- Vulnerable individuals who are unable to care for themselves due to a combination of serious mental health AND substance use disorder that cycle in and out of crisis.
- Ineligible for traditional involuntary or court ordered treatment options.
- Most are chronically homeless.
- Absent intervention, individuals may die on our streets.
- San Francisco has a history of innovation to expand and adapt our care to meet the needs of our population.
- SB 1045 provides San Francisco a narrow tool to care for these vulnerable individuals on our streets that have severe addictions and are mentally ill through a time limited Housing Conservatorship.

# Our Team

- 1. *Behavioral Health Services @ DPH*** provides mental health and substance use prevention, early intervention, and treatment services.
- 2. *The Office of the Public Conservator @ DAAS*** is responsible for overseeing the psychiatric care of San Francisco residents who are on a conservatorship and who have been found by the court unable or unwilling to accept voluntary treatment.

# Conservatorship Terms

**LPS** – Lanterman-Petris-Short Act – The conservatorship law from 1968 that was named after the bill's authors.

**Mental Health Conservatorships** – Another way to refer to LPS conservatorships that are overseen by the Office of the Public Conservator.

**Public Guardian** – The program that oversees probate conservatorships for adults with cognitive impairments and other types of serious functional disabilities.

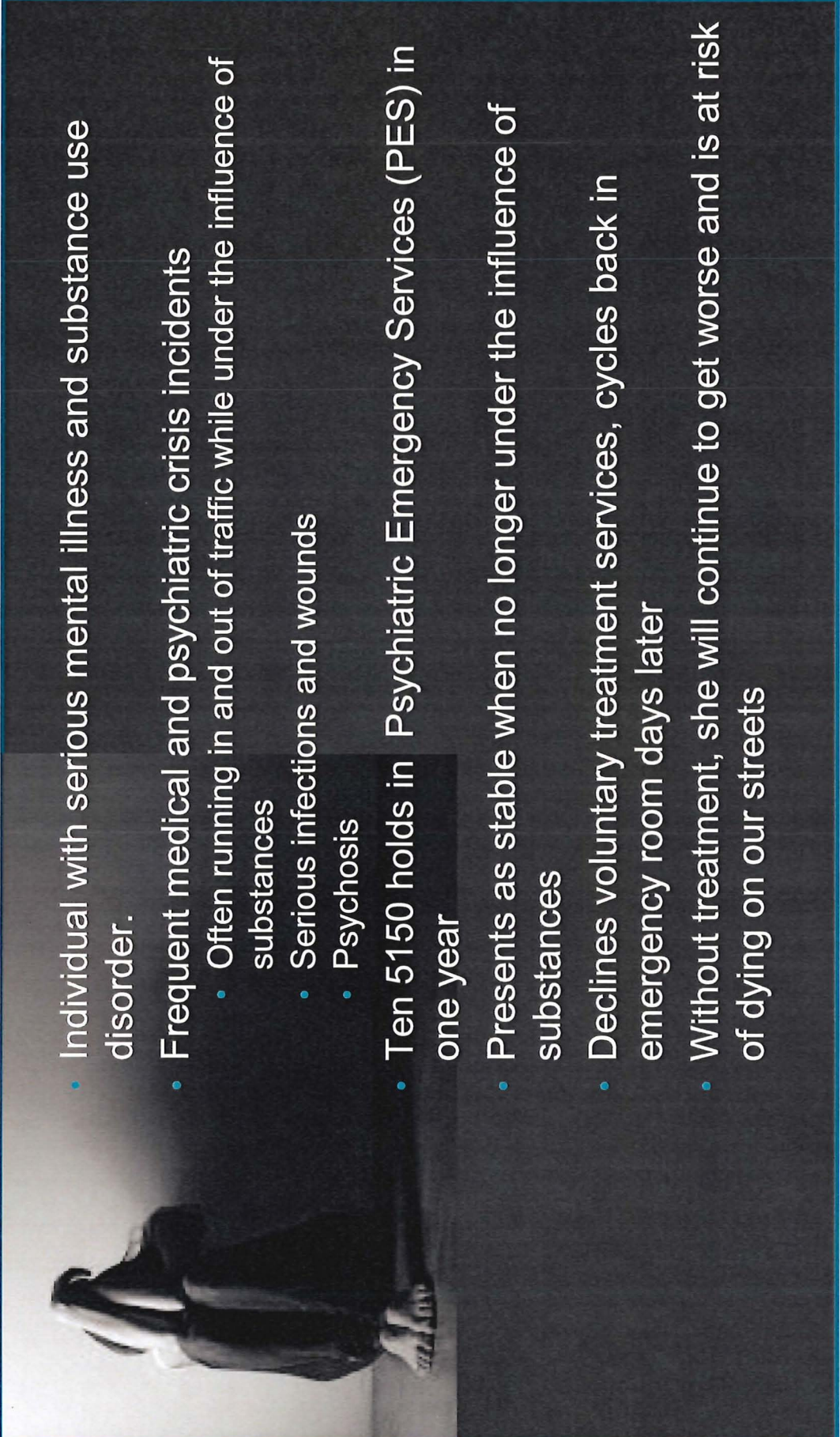


**MELANIE**

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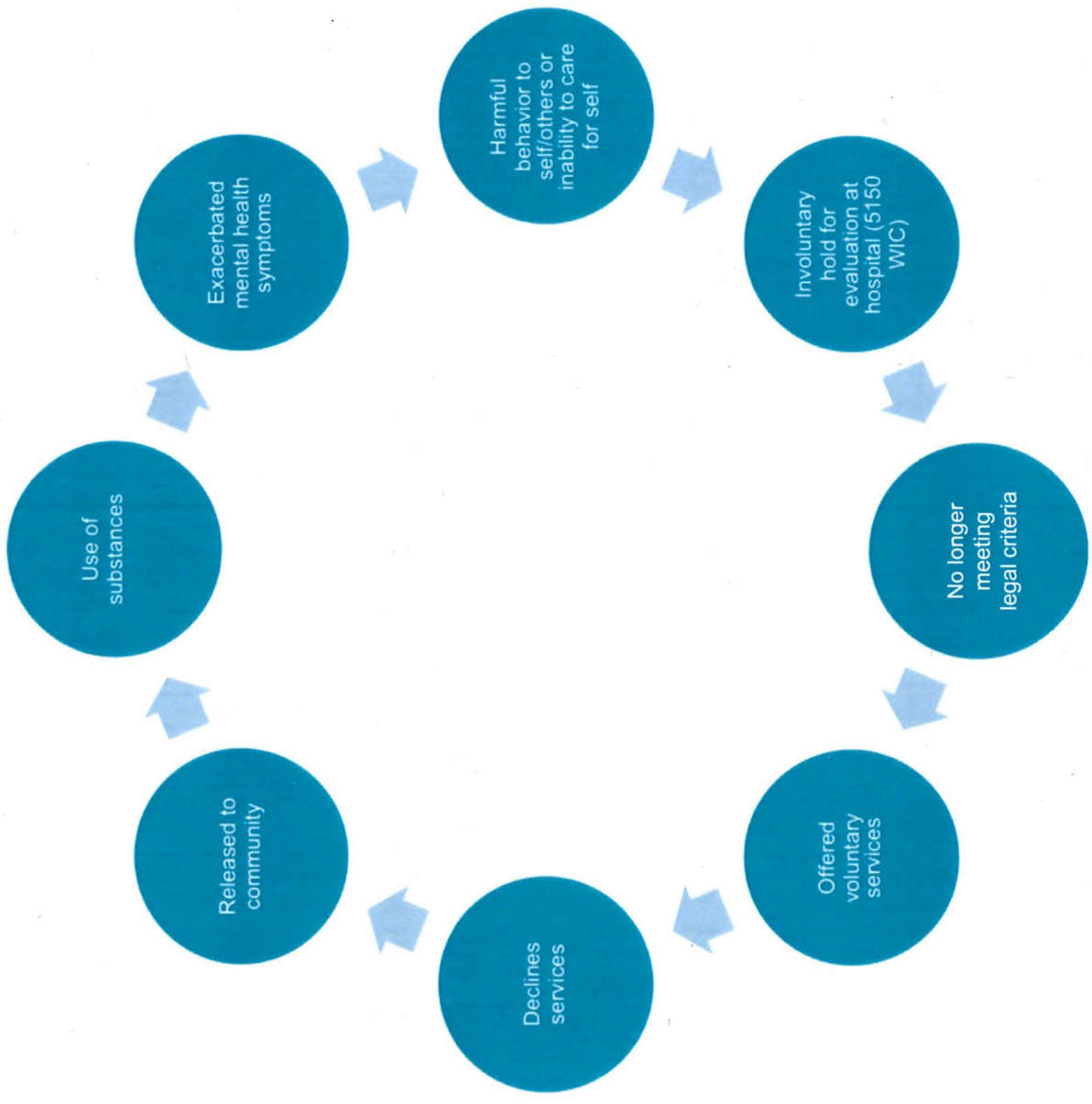
A Case Story

# Melanie

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- Individual with serious mental illness and substance use disorder.
  - Frequent medical and psychiatric crisis incidents
    - Often running in and out of traffic while under the influence of substances
    - Serious infections and wounds
    - Psychosis
  - Ten 5150 holds in Psychiatric Emergency Services (PES) in one year
  - Presents as stable when no longer under the influence of substances
  - Declines voluntary treatment services, cycles back in emergency room days later
  - Without treatment, she will continue to get worse and is at risk of dying on our streets



# Cycle of Acute Mental Illness and Substance Use



# Gap in Existing Laws

- Cycle in and out of crisis services, getting progressively worse.
- Co-diagnosis of substance use disorder and mental health; unable to care for own health and well being.
- But do not meet the grave disability standard, which requires inability to care for basic needs (i.e., food, shelter and clothing) as a “result of a mental disorder”.



# EXISTING CARE OPTIONS

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For Individuals in Crisis

## Option #1: Assisted Outpatient Treatment “Laura’s Law”

Adopted by board of Supervisors in 2014 and launched in November 2015, Assisted Outpatient Treatment is a court ordered program for individual with severe mental illness, *not substance use disorders*.

### **Must meet strict legal eligibility:**

- a) **Have two admissions of inpatient psychiatric hospitalization or received mental health services while incarcerated; or**
- b) **Have been involved in threats or acts of violent behavior towards themselves or another.**

## What is the goal of AOT?

- Designed to assist individuals who are not engaged in treatment, are deteriorating, and have a history of poor treatment compliance.
- Provides community based treatment plan.

## Why doesn't Melanie qualify?

- Does not meet legal threshold for **inpatient** hospitalization.
  - Mental illness is no longer acute when not under the influence of substances.
  - No contact with jail for mental health services.
  - Does not exhibit serious violent behavior.

## Option #2: LPS Conservatorship

A legal procedure through which the Superior Court appoints a conservator to authorize psychiatric treatment of a **person who meets legal definition of grave disability by reason of a mental illness.** Established in the California Welfare and Institutions Code (WIC).

- Does not account for the effects of psychoactive substances other than alcohol.
- Under existing statute, “Grave Disability” is the legal basis for involuntary commitment and refers to the inability of an adult to provide for their basic needs (food, clothing, shelter) due to impairment by mental illness or chronic alcoholism.

## What is the goal of LPS?

- Move individuals who are considered gravely disabled towards recovery and wellness in the least restrictive setting possible
- Connect individuals to a range of psychiatric and supportive services that promote health, recovery and well-being.

## Why doesn't Melanie qualify?

- By strict definition, she is not considered gravely disabled.
  - She is able to provide a plan for obtaining food, clothing and shelter once she is not under the influence of psychoactive substances.
  - Treating psychiatric team does not have the legal basis to hospitalize her involuntarily.



# HOUSING CONSERVATORSHIP PILOT

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Senate bill 1045



# The Housing Conservatorship Pilot

## An Important New Tool

- San Francisco has several voluntary and involuntary programs.
- No existing program helps us reach the small group of people who have serious mental health and substance use disorder treatment needs and **do not consent to voluntary services**. Have increased risk of dying on our streets.
- Assisted Outpatient Treatment (AOT) requires history of inpatient hospitalization, violent behavior, or jail-based mental health treatment.
- LPS conservatorships do not account for the effects of psychoactive substances other than alcohol.
- As a result, these individuals are left behind.

# What is Housing Conservatorship (SB1045)

- New conservatorship to help individuals who are unable to care for themselves due to a co-diagnosis of serious mental illness and substance use disorder.
- Individuals not currently served by existing models.

*“ . . . Provide the least restrictive and most clinically appropriate alternative needed for the protection of a person who is incapable of caring for the person’s own health and well-being due to a serious mental illness and substance use disorder . . . ”*

*Section 5453 of SB1045*

# Housing Conservatorship Eligibility Criteria

1. Inability to care for one's health and well-being.
2. Diagnosis of Serious Mental Illness.
3. Diagnosis of Substance Use Disorder.
4. Frequent 5150 detentions (at least 8 over 12 months).
5. The Court determines that and individual does not meet AOT criteria or AOT is insufficient to meet their needs.



# POPULATION

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Senate bill 1045

# Eligible Population

- 55 individuals are currently eligible.
- Diagnosis of Serious Mental Illness and Substance Use Disorder.
- Individuals with 8+ involuntary holds (5150's) who received treatment.
- Average of 16.5 visits to PES/yr.
- 96.4% have an emergency department visit.
- 98.2% of the population had a history of experiencing homelessness (average of 8.9 years).
- 90.9% also have serious medical needs.
- 74.5% have been previously connected to a mental health provider.
- 34.5% have accepted an Acute Diversion Unit placement (average stay of 2.5 days)

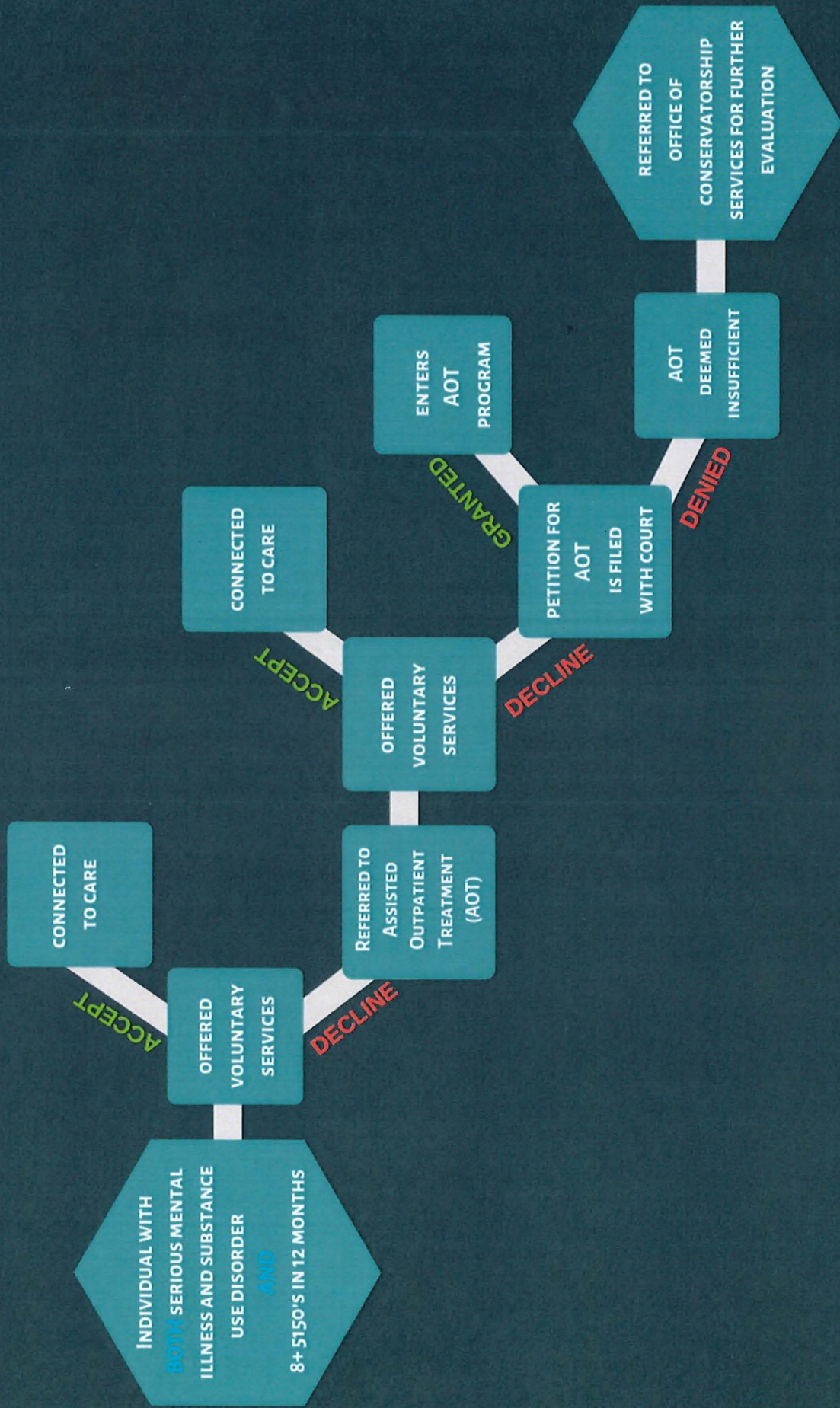


# PROCESS

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# Housing Conservatorship Process





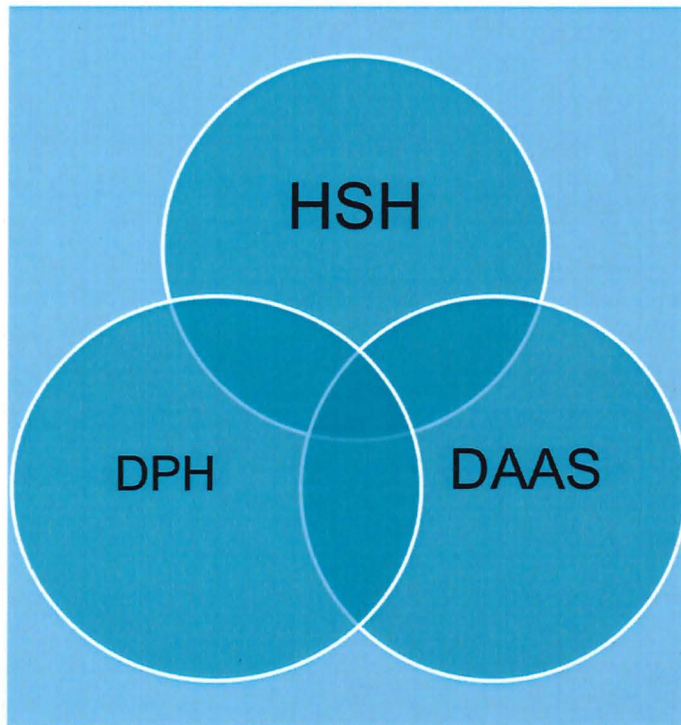
# CONNECTION TO HOUSING

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Senate bill 1045



# Connection to Housing



- Court petition must include placement.
- Individuals are currently a top priority for housing options given our coordinated entry system.
- Any individual who has gone through the conservatorship will be guaranteed clinically appropriate housing placements along the way.
- Individuals who are ready for Permanent Supportive Housing will have guaranteed placement.



# KEY PROVISIONS

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# Key Provisions

- Established authority for San Francisco, San Diego and Los Angeles to pilot.
- Before implementation, the local legislative body in each county must legislatively opt in.
- Current legislation sunsets at the end of 2023.
- Local Working Group must be formed to provide Oversight once County opts in.



# Judicial Process

- All clients have been offered voluntary services prior to petitioning the court for SB1045.
- All clients have access to legal representation from the Public Defender's office.
- Conservatorships last a maximum of one year. They may be shorter, or they can be renewed after one year by court order.
- Client may request a jury trial and/or re-hearing at any time to appeal conservatorship determination.

# SB40 – Pending Legislation

- Duration of the conservatorship shortened to 6 months.
- Public Conservator to submit status report to the court every six weeks to justify continued need for conservatorship.
- Individual notified after the 7<sup>th</sup> involuntary hold of a possible, future conservatorship petition.
- Clarifies intent of AOT amendment made in SB1045.



# SERVICES AND IMPLEMENTATION

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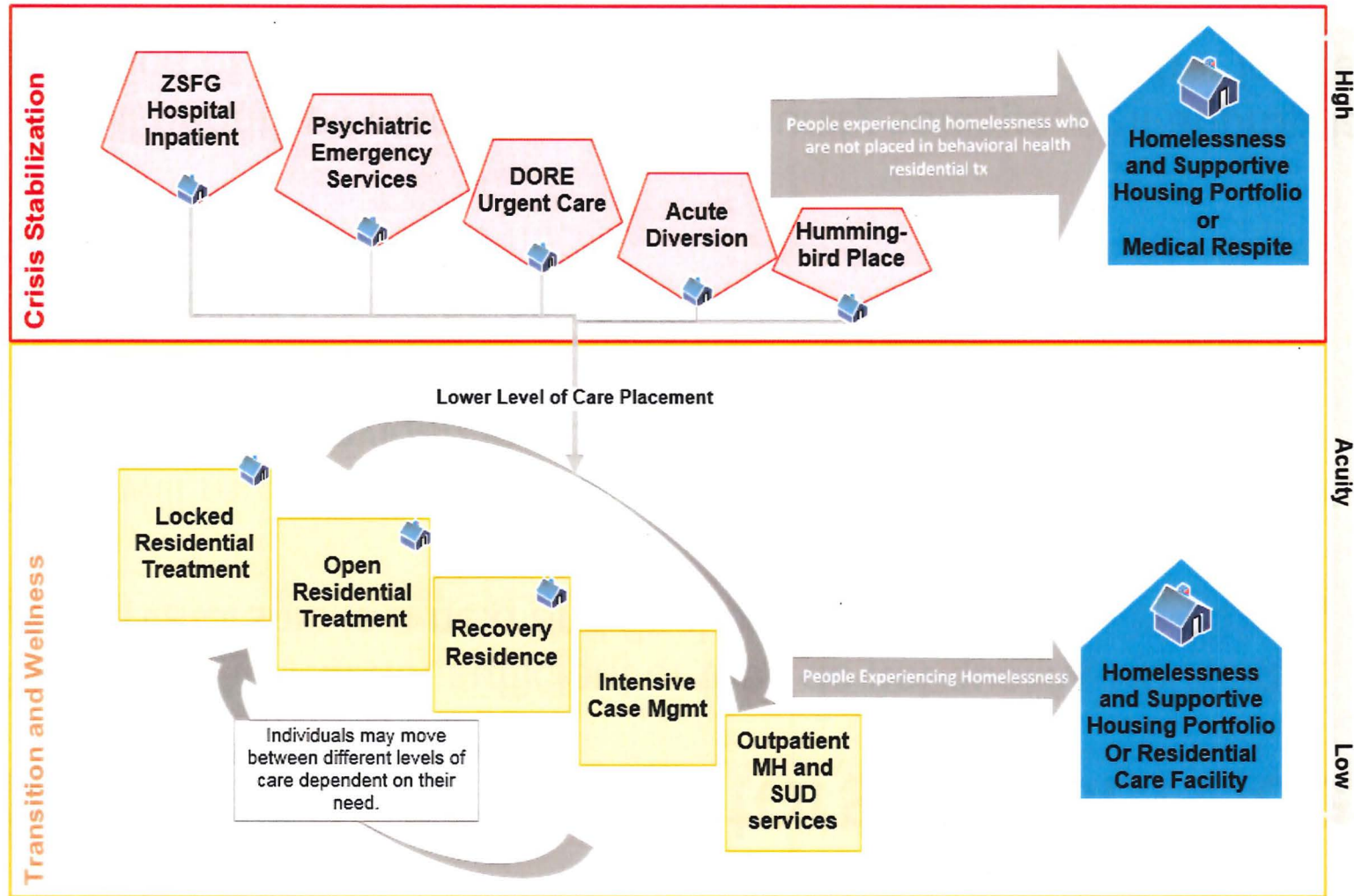
Senate bill 1045



# Housing Conservatorship Services

- For some, AOT is not sufficient or they do not qualify. Housing Conservatorship is a next and final option.
- Client will receive wraparound, comprehensive services similar to those that are provided in AOT.
- Services will be focused on moving clients towards recovery and wellness.
- The bill prioritizes placement in community settings, or if appropriate, the Office of the Public Conservator can recommend higher levels of care.
- Legal obligation to continuously evaluate clients for transition downward into less restrictive settings.

# SFDPH Behavioral Health Services



\*This is not an exhaustive list of BHS beds and services



Slide 32

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NL3 Do we need this slide? Isn't slide 38 sufficient?

Nicole Lindler, 5/10/2019

# Clients Served: FY 2017-18


## Mental Health (MH) Clients Served

<i>Provider</i>	<i>Unduplicated Client Count</i>
Contract Providers	13,558
Civil Service Providers (including ZSFGH)	11,795
<b>TOTAL UNDUPLICATED CLIENTS</b>	<b>21,907</b>

## Substance Use (SU) Clients Served

<i>Provider</i>	<i>Unduplicated Client Count</i>
Contract Providers	6,596
Civil Service Providers (including ZSFGH)	NA

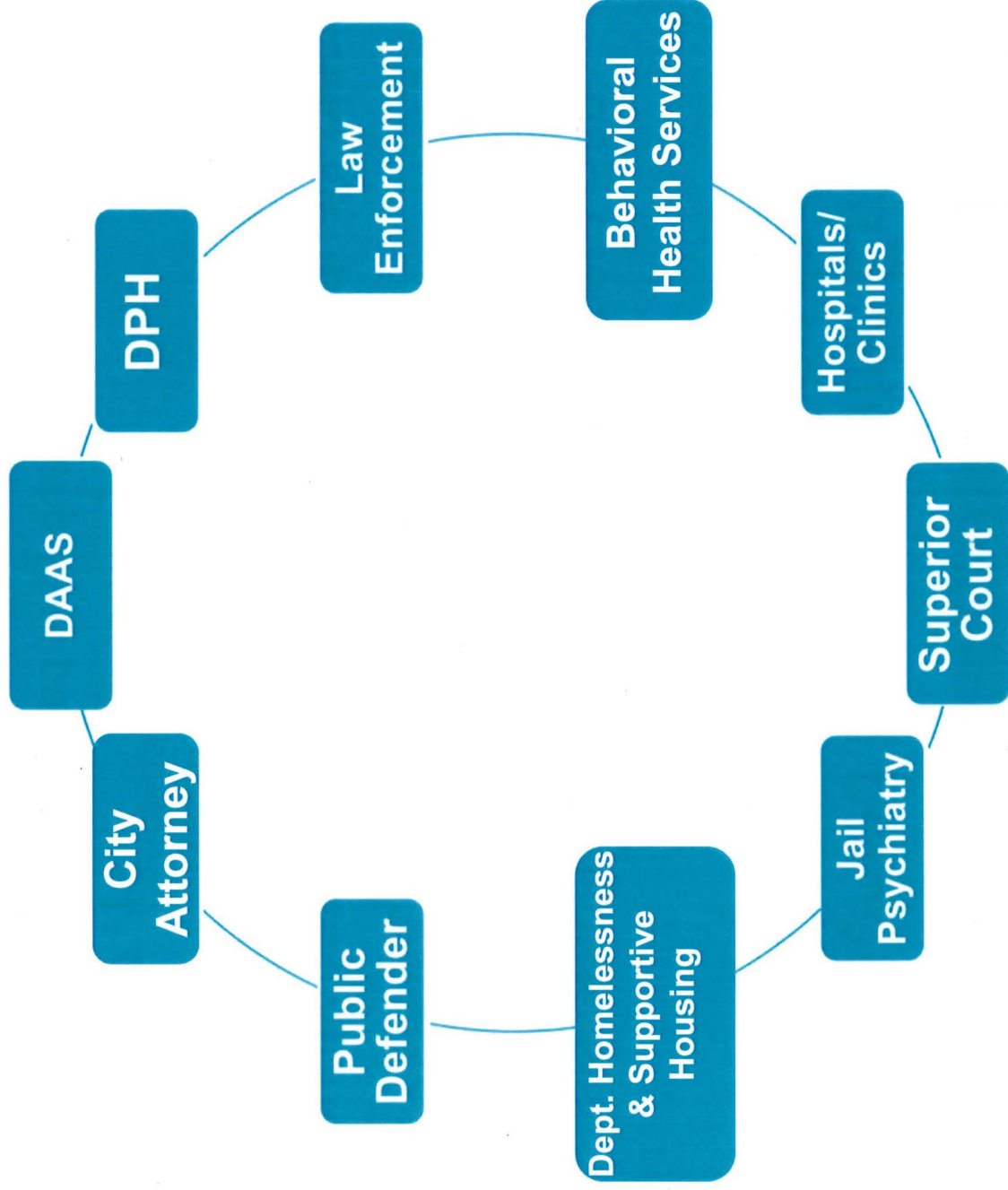
**Clients Receiving Both MH *and* SU Services: 2,214**



## Clients Served by Psychiatric Emergency Services (PES): FY 2017-18

- Crisis Stabilization Unit @ Zuckerberg San Francisco General Hospital.
  - Provides immediate evaluation and treatment
- County designated facility for individuals placed on a 5150 involuntary hold for up to 72hrs.
- FY 2017-18
  - 3,674 unduplicated individuals had visits to PES

# Conservatorship Services are Provided in Strong Partnership





## Tailored City Services to Meet Individual Needs

Medical and psychiatric care

Substance Use Disorder services

Intensive outreach and case management

Advocacy and individual service plans

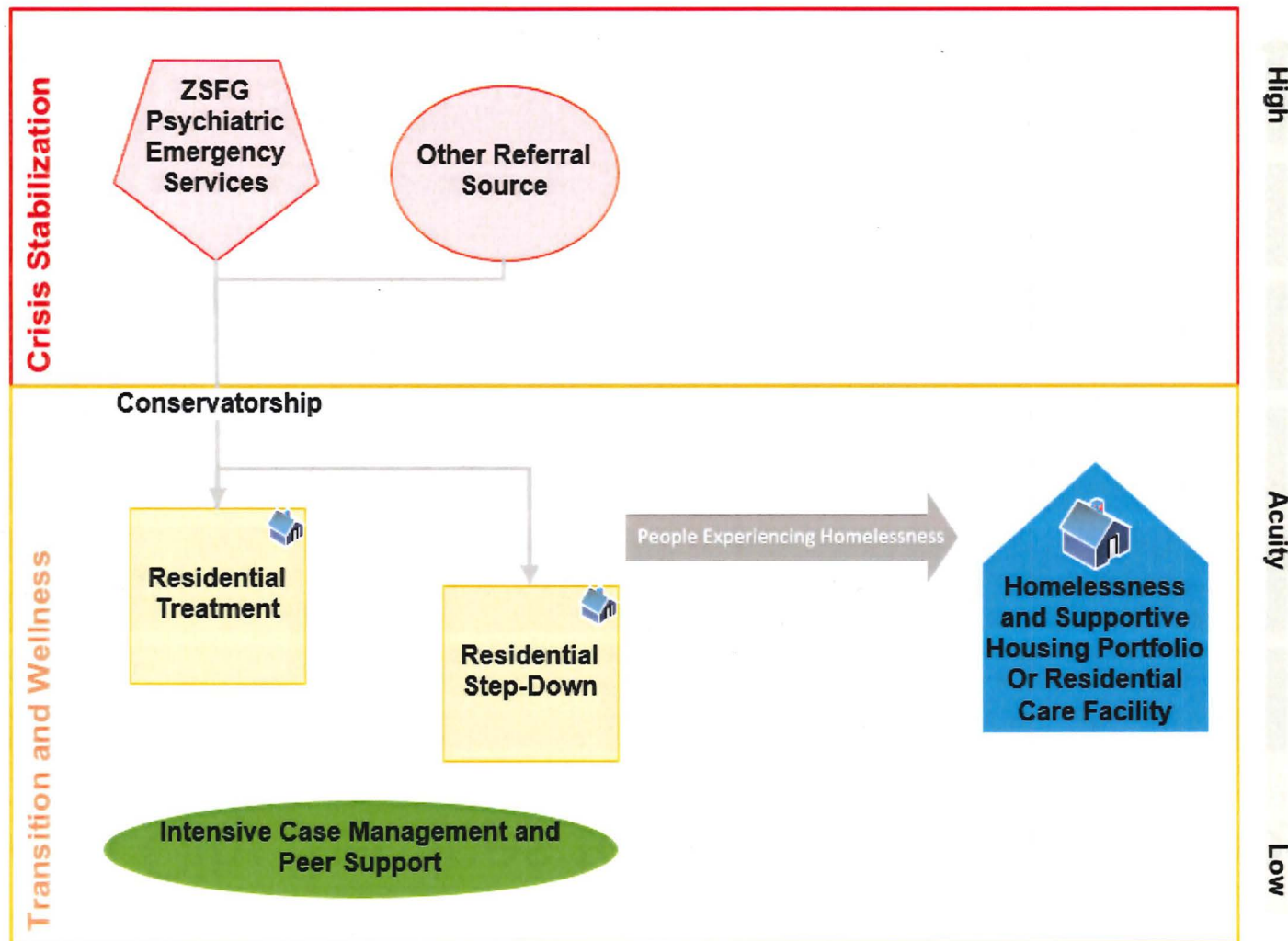
Money management

Placement/Housing in the least restrictive setting

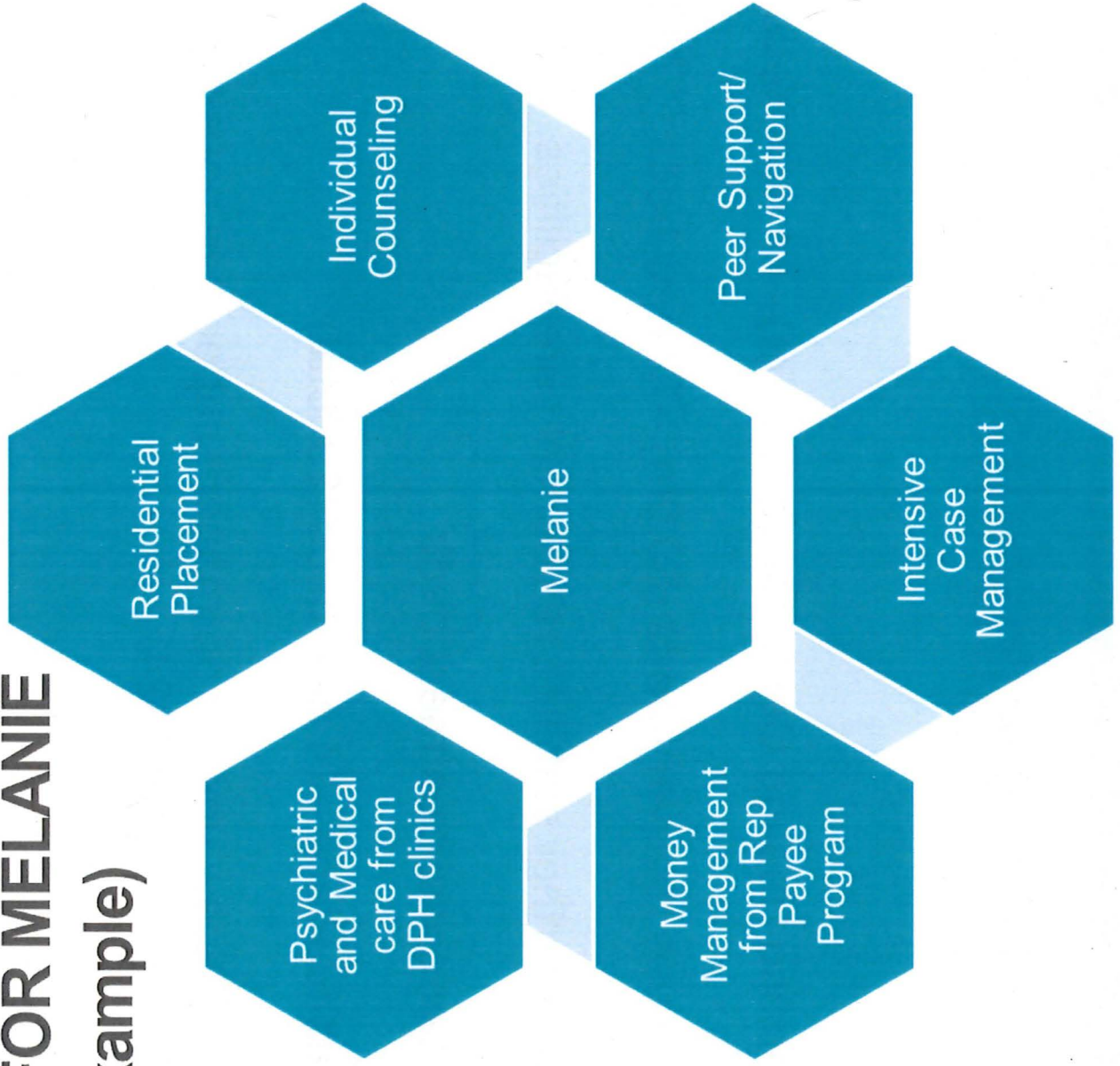
Supportive counseling and peer engagement

Vocational rehabilitation

# Potential Conservatorship Pathway



# A PLAN FOR MELANIE (example)



# Recent Investments - Examples

- San Francisco Healing Center beds (\$4.4m) –14 new beds (54 total).
- Substance use recovery beds (\$5.0m) –72 new beds (178 total).
- \$1 million to further stabilize residential care facilities.
- 30 new residential treatment beds.
- Hummingbird Place –14 new beds (29 total).
- And over 500 new units of permanent supportive housing by 2020; and 1600 new units by 2024.



# Recent Investments - Examples

- \$6m to support increased street based buprenorphine and street medicine team (10 people).
- 4 new clinicians to support AOT expansion and increased intensive case management.
- \$3.2m to support:
  - Increased intensive case management
  - Extended Hours for drop in center @ Harm Reduction Center
  - Mobile harm reduction counseling
  - Peer navigators to support transition out of crisis services
  - Social workers at PES to support discharge planning



# TESTIMONIAL

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Simon Pang – Fire Dept

# Questions?



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