



HOUSING CONSERVATORSHIP PILOT

An Implementation Plan for SB 1045 in the City and County of San Francisco

This report has been prepared by the San Francisco Department of Public Health, San Francisco Department of Homelessness and Supportive Housing, and the Department of Aging and Adult Services/ Office of the Public Conservator.

Introduction

Governor Brown signed SB 1045 on September 27, 2018, which enables the Board of Supervisors in the City and County of San Francisco to implement a program to provide conservatorship (Housing Conservatorship) for individuals incapable of caring for their own health and well-being due to serious mental illness and substance use disorder as long as it is the least restrictive and most clinically appropriate intervention needed for the protection of the person.

The Housing Conservatorship model was created to serve a population of individuals with serious mental illness and serious substance use disorder who are currently (1) ineligible for other kinds of conservatorship and (2) whose needs are unmet by Assisted Outpatient Treatment (AOT) due to the specific nature of their diagnoses. Additionally, Housing Conservatorship requires the provision of Permanent Supportive Housing in order to pursue conservatorship, which is a necessary yet novel component to addressing the acute needs of this population, which other similar programs do not require.

This program would give the City Attorney the ability to petition the courts on behalf of the Office of the Public Conservator to place an individual into conservatorship only if they meet the necessary criteria.

SB 1045 requires that the City and County develop a plan in consultation with representatives from disability rights advocacy groups, a provider of permanent supportive housing services, the county health department, law enforcement, labor unions, and staff from hospitals located in the city and county prior to implementation.

In addition to gathering input from community stakeholders, SB 1045 requires that the implementation plan discuss the availability of resources necessary to implement the new conservatorship program. Specifically, the plan must demonstrate that necessary services, resources and funding levels are available in sufficient quantity, to serve the identified population.

The services required for implementation are: supportive community housing; properly trained public conservators; outpatient mental health counseling; coordination and access to medications; psychiatric and psychological services; substance use disorder services; vocational rehabilitation; veterans' services; family support and consultation services; complete service planning and delivery process; and individual personal service plans.

The City convened a working group that met on October 26, 2018, Dec 7, 2018, and January 18, 2019 with representatives from disability rights advocacy groups, providers of permanent supportive housing services, the county health department, law enforcement, labor unions, public

defenders, hospital staff, local business owners, and others. This report was developed in consultation with the parties required by SB 1045 and many additional community partners. It contains information on the plan to implement the new conservatorship program and the resources available to implement the plan.

Elements Required for 1045 Conservatorship and Subject Population

SB 1045 allows the City and County of San Francisco to appoint a conservator for a person for whom it has been determined through clinical assessment is incapable of caring for their own health and well-being due to a serious mental illness and substance use disorder, as evidenced by at least eight involuntary detentions in the preceding 12 months for evaluation and treatment pursuant to Section 5150.

Prior to appointing a conservator, the court must make an express finding that conservatorship is necessary for the protection of the proposed conservatee and the granting of the conservatorship is the least restrictive alternative needed for their protection.

The San Francisco Department of Public Health (SFDPH) identified 55 individuals in the city who potentially meet the criteria for SB 1045. These individuals had eight or more 5150 holds in Psychiatric Emergency Services (PES) in San Francisco which resulted in a clinical assessment at a hospital within a twelve month period looking back two years. Additionally, they have identified 48 other individuals who have six or seven 5150 holds and may become eligible in the future.

The individuals who have been identified as potentially eligible for a Housing Conservatorship already receive crisis-level interventions several times a year. As a result, this population is already voluntarily able to access all of the services required by SB 1045 outside the context of Housing Conservatorship; however, due to symptoms associated with their acute mental health and substance use disorder, these individuals have been unwilling to engage in voluntary services. If any one of these individuals were to engage in appropriate services voluntarily, they would not be eligible for conservatorship nor would the city petition a court to conserve. As a result, Housing Conservatorships would be reserved for a very small population of individuals who are in crisis and who have repeatedly refused voluntary help. This new model presents a unique opportunity to deliver needed services to a pre-existing population who otherwise are deteriorating on our streets. Eligible individuals will receive direct oversight and case management from the Office of the Public Conservator in conjunction with additional community-based and City providers

SB 1045 requires that the Office of the Public Conservator explore all possible avenues for treatment and intervention prior to seeking a Housing Conservatorship. As a result, even after meeting the threshold criteria, it may not necessarily mean that a Housing Conservatorship is the most appropriate and least restrictive (as required by law) intervention for any specific individual.

Referrals for Housing Conservatorships will be accepted and coordinated through the Assisted Outpatient Treatment (AOT) program that SFDPH Behavioral Health Services operates. All referrals will be evaluated for appropriateness to the Assisted Outpatient Treatment program, a statutory pre-requisite for a subsequent referral to the Housing Conservatorship program.

When the court determines that AOT is insufficient to assist a client, or if the court denies a petition for court ordered outpatient treatment, a Housing Conservatorship will be considered as an intervention. The AOT program and the Office of the Public Conservator will coordinate appropriate referrals to the Housing Conservatorship program through regular meetings, and as-needed case level communication.

At the time of this report's drafting, there is a follow-up bill pending in the State Legislature. That bill, Senate Bill 40 authored by Senator Wiener, is intended to clean up ambiguity in the original bill relating to AOT. The new bill, if passed by the Legislature and signed by the Governor, will clarify that any individual who is eligible statutorily for AOT must first go through that program. But for those who do not meet the requirements of that program, a court must make a finding to that effect before considering granting a petition for a Housing Conservatorship.

Services Required in Sufficient Quantities, Resources and Funding Levels:

The San Francisco Department of Public Health (SFDPH) provides services to a wide range of individuals, many of whom access services through SFDPH's Behavioral Health Services to address substance use disorder and mental health treatment needs. Services range from prevention and early intervention, outpatient treatment, residential treatment, crisis programs, and acute services. Individuals who access care through the SFDPH represent a diverse population with varying levels of need. The SFDPH is committed to utilizing a creative evidence-based approach so that each person is able to reside in the least restrictive clinically appropriate setting with the support needed to thrive.

The population that SB1045 aims to reach has been and will continue to be a priority for SFDPH's Behavioral Health Services and as such are not a new population of individuals in need of services. These individuals have highly acute mental health and substance use disorder needs and have been unsuccessful in otherwise engaging in voluntary care for behavioral health services. As a result, they cycle in and out of crisis services regularly. Through a Housing Conservatorship, these individuals will access coordinated, wrap-around supportive services specifically tailored to help the needs of each individual. Services for this population may include outpatient mental health counseling, coordination and access to medications, psychiatric and psychological services, substance use disorder services, vocational rehabilitation, family support and consultation, and service planning.

In fiscal year 17/18, SFDPH's Behavioral Health Services provided 6,596 unduplicated individuals with substance use disorder services and 21,907 unduplicated individuals with mental

health services. In Fiscal Year 18/19, the overall budget for Behavioral Health Services is approximately \$394 million (\$312 million for mental health services and \$82 million for substance use disorder services) and funds city-operated clinics and community based organizations (107 contracts with 87 vendors). In order to support adults in our system of care, Behavioral Health Services has 12 city-operated mental health programs and funds roughly 60 substance use disorder programs and 122 mental health community based programs. Many of the individuals who meet the threshold requirements for SB 1045 are included in the statistics above, and so services are already being provided, yet have been ultimately unsuccessful in providing the necessary stabilization as a result of the voluntary, and therefore unsustainable, nature of these services.

The SFDPH and Department of Aging and Adult Services (DAAS) are committed to closely collaborating on this effort to ensure patients receive comprehensive and individualized care. These departments will also closely partner to provide educational opportunities for potential referral entities to ensure that this tool is utilized in an effective and thoughtful manner.

In order to implement a Housing Conservatorship program under SB1045, the City and County of San Francisco must demonstrate that it has the following required services in sufficient quantities, resources, and funding to serve the identified population.

Supportive Community Housing

The Department of Homelessness and Supportive Housing is prepared to provide Permanent Supportive Housing to homeless individuals in the Housing Conservatorship program who can self-care, which is a point in the recovery process after medical stabilization has been completed, either through the acceptance of supportive services or independently. Connection to the Permanent Supportive Housing will be ongoing and will continue after the termination of the conservatorship. The Department has adequate capacity in its existing PSH portfolio to accommodate the anticipated population of individuals for whom a Housing Conservatorship is most appropriate.

For those individuals who cannot self-care, either through the acceptance of supportive services or independently, the Office of the Public Conservator will recommend to the court, the most appropriate and least restrictive placement in a licensed care facility. This recommendation will be determined through a comprehensive clinical assessment carried out in collaboration with the psychiatric and clinical care team. The Department of Public Health will provide the court-authorized placement as long as it continues to be clinically appropriate.

The Department of Homelessness and Supportive Housing has approximately 7,700 units of PSH in its portfolio with approximately 800 units turning over each year. Of these 800 available placements, approximately 200 are in buildings with the highest level of supportive services.

Units with high levels of supportive services are ideal for those entering the Housing Conservatorship program. Individuals who qualify for Housing Conservatorship are among our most vulnerable homeless neighbors and already receive high priority for PSH under the framework established in the Adult Coordinated Entry System. Housing Conservatorship will not expand the pool of people experiencing homelessness that need PSH, but the program is a new tool to better connect the most vulnerable individuals in our homeless population with the housing and services they need.

Properly Trained Public Conservators

The DAAS operates San Francisco's Office of the Public Conservator. This program is staffed by fourteen Deputy Conservators, two supervising Deputy Conservators, and operate under the oversight of one Manager. The Office of the Public Conservator currently serves approximately 556 individuals. The program anticipates that current staffing levels will be sufficient to provide effective services to those clients that SFDPH has identified as potentially eligible for a Housing Conservatorship without reducing services to other populations. The population potentially eligible for a Housing Conservatorship is primarily composed of individuals who already frequently receive crisis-level intervention several times a year. Additionally, the flow of this population into and through Housing Conservatorship would be only a very small number of individuals at any one point in time.

The minimum qualifications required by the classification for the Deputy Conservators are rigorous in order to ensure that staff have the necessary training and educational formation to provide high quality services to vulnerable populations. All Deputy Conservators are required to have at least a Master's degree in social work or a two-year counseling degree. Additionally, the minimum qualifications for the position require deputy conservators to possess a valid clinical license through California's Board of Behavioral Sciences (BBS), or proof of registration as a clinical intern working towards licensure under the supervision of a fully licensed clinician. Acceptable licenses include Licensed Clinical Social Worker (LCSW), Marriage and Family Therapist (MFT), Professional Clinical Counselor (LPCC) as well as the associated intern status for each degree.

In addition to these minimum qualifications, Deputy Conservators receive comprehensive training from the program's Supervising Deputy Conservators under the oversight of the program's Manager. They receive training regarding assessment and evaluation specific to the concepts of grave disability and determining appropriate level of care for adults with serious mental illness. As required by the BBS, Deputy Conservators receive training on ethics as well as critical legal concepts such as conflict of interest and mandatory abuse reporting requirements. Additionally, Deputy Conservators receive intensive training regarding the laws and regulations pertaining to the LPS Act that is part of the Welfare and Institutions Code.

In close consultation with the City Attorney, the program's Manager will provide Deputy Conservators with training related to the new regulations that pertain to the Housing Conservatorship law. Deputy Conservators will receive training regarding the new criteria for conservatorships as well as the due process rights that are provided to conservatees.

Outpatient Mental Health Counseling

Behavioral Health Services provides a wide range of specialty mental health outpatient services for individuals that have mental health needs and are experiencing a significant impairment in an important area of life functioning. These services are provided by a culturally diverse network of community behavioral health programs, clinics, and private psychiatrists, psychologists, and therapists. Services include:

Engagement Specialists: Engagement specialists provide a range of services to individuals in the community who may not otherwise be connected to care. Specialists are generally individuals who identify as having lived experience and provide opportunities to develop relationships needed to support engagement in more formalized service locations (e.g., clinic). This program launched in Fiscal Year 17/18 and continues to be vital in supporting individuals with behavioral health needs who are experiencing homelessness.

Outpatient Mental Health Clinics: Civil service clinics and community-based organizations provide outpatient, generally clinic-based, rehabilitation and recovery services to a wide range of individuals with mental health services needs and their families. These clinics offer drop in hours for individuals seeking care to be assessed for services and receive immediate support while awaiting linkage to a long term provider.

Intensive Case Management/Full Service Partnership: This level of care provides an intensive and comprehensive model of case management based on a client- and family-centered philosophy of doing "whatever it takes" to assist individuals diagnosed with serious mental illness (SMI) to lead independent, meaningful, and productive lives. These services provide intensive support, with a lower staff to client ratio, to individuals who have significant needs (e.g., involvement in the criminal justice system, experiencing homelessness, considered to be high risk of needing acute psychiatric care). Services include individual and group therapy, peer and family support, and medication services.

Given the level of need anticipated for individuals that will be served through the Housing Conservatorship program, the SFDPH anticipates utilizing intensive case management services for this population and would prioritize them into care similarly to other individuals with equivalent service needs. The population eligible for Housing Conservatorship is primarily composed of individuals who already receive crisis-level intervention several times a year.

Additionally, the flow of this population into and through the system means individuals who qualify for Housing Conservatorship would enter the program incrementally.

Many of the individuals eligible for a Housing Conservatorship already receive treatment resources, albeit in an often interrupted, inefficient, and therefore suboptimal manner from the perspective of individual outcomes. As such, serving this population through Housing Conservatorship will not result in reduction or redistribution of services overall but will result in services better and more efficiently offered to individuals. These services to be provided to individuals through the provisions of a Housing Conservatorship include family and peer support, individual and group therapy, medication management, and a low provider-to-client ratio. This level of comprehensive and holistic care will support stabilization in the least restrictive clinically appropriate setting and transition to long term outpatient mental health services.

In addition to the above services, the SFDPH funds a Comprehensive Crisis Clinic for individuals in need of acute services, as well as a Behavioral Health Access Center which provides centralized in-person and phone support for linkage to services. Additionally, individuals who are consumers of behavioral health services are also eligible to receive additional support through the Peer Wellness Center, which is an early engagement center for adults seeking peer-based counseling services and peer-led activities. Not all of these services will be appropriate for every individual in the Housing Conservatorship program, but they will be able to access them as needed.

Coordination and Access to Medications

Community Behavioral Health Services-Pharmacy Services within the SFDPH works closely with the city and contracted service providers to provide a high level of care and ensure continuous access to medications. Pharmacy Services can currently meet the needs of the Housing Conservatorship population because the population eligible for Housing Conservatorship is primarily comprised of individuals who already frequently receive crisis-level intervention including access to medication several times a year. Additionally, the flow of this population into and through the system means individuals who qualify for Housing Conservatorship would enter the program incrementally.

Pharmacy services provides buprenorphine for Integrated Buprenorphine Intervention Services (IBIS) clients, methadone maintenance for Office-Based Opioid Treatment (OBOT) clients, ambulatory alcohol detoxification medications for Treatment Access Program clients, naloxone for opiate overdose prevention, specialty behavioral health medication packaging, and serves as a pharmacy safety net for all BHS clients.

The City runs clinics and employs service providers that provide outpatient mental health services staff who are able to prescribe and administer medications. The medical team at each clinic partners closely with the assigned case manager to coordinate care and ensure that there are not delays in accessing and/or continuing medications.

In the event that an individual is experiencing a psychiatric emergency, they are able to access same day services at a community based crisis clinic to support stabilization and referral back to their treatment team or referral to ongoing services. The SFDPH also funds a Street Medicine team that provides low threshold medical and psychiatric support to individuals experiencing homelessness who have complex service needs. This team closely partners with community based treatment providers to provide holistic and comprehensive care.

Psychiatric and Psychological Services

The SFDPH provides a range of treatment options at varying levels of care to meet the breadth of needs of residents with mental health and substance use disorder treatment needs. These include:

Crisis Stabilization: Crisis Services are a continuum of services that are provided to individuals experiencing a psychiatric emergency. The primary goal of these services is to stabilize and improve psychological symptoms of distress and to engage individuals in an appropriate treatment. This level of care includes Psychiatric Emergency Services, Acute Diversion Units, and Psychiatric Urgent Care.

Acute Psychiatric Care: Acute inpatient psychiatric services provide high-intensity, acute psychiatric services 24 hours a day for individuals in acute psychiatric distress and experiencing acute psychiatric symptoms and/or at risk of harm to self or others.

Withdrawal Management and Respite: These programs provide acute and post-acute medical care for individuals who are too ill or frail to recover from a physical illness or injury on the streets but are not ill enough to be in a hospital. They provide short-term residential care that allows individuals the opportunity to rest in a safe environment while accessing medical care and other supportive services. This level of care includes Medical Respite, Sobering Center, Medical Detox, Social Detox, and Behavioral Health Respite Navigation Center.

Locked Residential Treatment: These programs are 24-hour locked facilities providing intensive diagnostic evaluation and treatment services for severely impaired residents suffering from a psychiatric illness. This level of care includes Locked Sub-acute, Psychiatric Skilled Nursing Facility, and State Hospital.

Open Residential Treatment: A residential treatment facility is a live-in health care facility providing therapy for substance use disorder, mental illness, or other behavioral problems. Some residential treatment facilities specialize in only one illness -- substance

use disorder -- while others treat people with a variety of diagnoses or dual diagnosis of substance use disorder and a psychiatric diagnosis. This level of care includes Dual Diagnosis, Substance Use Disorder, and Mental Health placements.

Transitional Housing: Transitional Housing provides people with significant barriers to housing stability with a place to live and intensive social services while they work toward self-sufficiency and housing stability. This level of care includes Sober Living Environment, Cooperative Living, Support Hotel, Stabilization Rooms, and Shelter.

The SFDPH routinely looks for opportunities to increase capacity for services in order to meet the dynamic needs of individuals served by our system of care. This included innovative approaches such as recent opening of locked residential treatment beds at the Healing Center, creating a low threshold respite on the grounds of Zuckerberg San Francisco General Hospital, and using a grant from the Board of State and Community Corrections to increase substance use disorder residential treatment and social detox capacity.

The SFDPH works closely with providers to determine the appropriate level of residential treatment and prioritizes placements into these levels of care for our most vulnerable residents. The population eligible for Housing Conservatorship is primarily comprised of individuals who already frequently receive crisis-level intervention including psychiatric and psychological services several times a year. Additionally, the flow of this population into and through the system means individuals who qualify for Housing Conservatorship would enter the program incrementally. Given the significant needs of individuals who qualify for Housing Conservatorship and their current level of frequent contacts with crisis services, they would be prioritized into the clinically appropriate level of care in a similar manner as other individuals with acute needs and can meet the needs of this population without reducing or diverting services.

Substance Use Disorder Services

Treatment offered through Behavioral Health Services is integrated, ensuring that individuals with co-occurring mental health and substance use disorder treatment needs receive comprehensive support. Addiction treatment medications are offered at all levels of care, including primary care and street medicine. The SFDPH supports a wide range of services to support individuals who need specialized substance use disorder treatment services. In addition to the residential and withdrawal management ("detox") support services listed in the above section, this also includes:

Opioid Treatment Programs (OTP): These programs offer same day admission to a structured, outpatient treatment that often includes daily medication visits with a dispensing nurse. Methadone, buprenorphine ("Suboxone"), and alcohol medications are available in the OTPs, along with individual and group counseling. Some of the OTPs are able to support HIV and Hepatitis C medication administration as well.

Outpatient Treatment: Services are offered in two levels of care, outpatient and intensive outpatient. Rehabilitation and recovery services are offered to a wide range of individuals and may include individual, group and peer support.

In response to a nationwide epidemic, the SFDPH has also invested in supporting increased access to opioid addiction treatment. The fiscal year 17/18 and 18/19 budget includes \$6.0 million over two years to expand the Street Medicine Team, and its innovative buprenorphine program to support serving more than 250 individuals. This investment will fund 10 new health care professionals– a mix that includes physicians, nurses, and social workers.

These services will be accessible to individuals served through the Housing Conservatorship program. Given the anticipated significant substance use disorder treatment needs of this population, as well as the frequent crisis-level contact these individuals currently have with the system, they would be prioritized into the clinically-appropriate services in a similar manner as other individuals with comparable service needs. The population eligible for Housing Conservatorship is primarily comprised of individuals who already frequently receive crisis-level intervention including substance use disorder services several times a year. Additionally, the flow of this population into and through the system means individuals who qualify for Housing Conservatorship would enter the program incrementally; as a result, the Housing Conservatorship population can be served without reducing or redistributing services.

Vocational Rehabilitation

The SFDPH incorporates vocational services within its mental health programming through Mental Health Services Act funding. These vocational services ensure that individuals with serious mental illness and co-occurring disorders are able to secure meaningful, long term employment. Research shows that supported employment programs help individuals with mental illness achieve and sustain recovery.

In collaboration with The California Department of Rehabilitation, the San Francisco Department of Public Health provides for various training and employment support programs to meet the current labor market trends and employment skill-sets necessary to succeed in the competitive workforce. These vocational programs and services include vocational skill development and training, career/situational assessments, vocational planning and counseling, service coordination, direct job placement, ongoing job coaching, and job retention services.

Examples of these services include collaborating with the Department of Rehabilitation to provide vocational assessments, the development of an Individualized Plan for Employment, vocational planning and job coaching, vocational training, sheltered workshops, job placement, and job retention services. Additionally the First Impressions program offers training in basic construction and remodeling skills, such as painting and patching walls, ceilings, and doors;

changing/applying window dressings; installing and disposing of furniture and accessories; building furniture; cleaning and repairing flooring; hanging décor; and minor landscaping. Vocational services offered by this program include vocational assessments, vocational planning and job coaching, vocational training and workshops, job placement, and job retention services.

Service plans developed in collaboration with participants through Housing Conservatorship may include Vocational Rehabilitation as a distal goal for recovery as appropriate for the individual. Treatment providers will work closely with participants to identify vocational interests and support linkage to employment specialists. To the extent that there are individuals who enter the Housing Conservatorship program who are not accessing these services, the existing programs have the capacity to meet the additional demand.

Veterans' Services

DAAS operates San Francisco's County Veterans Service Office (CVSO). This program assists veterans and their dependents to apply for benefits and entitlements that they may be eligible to receive. The program is sufficiently staffed by one Veterans Services Representative Supervisor and five Veterans Services Representatives. All staff are trained and accredited Veterans Claims Representatives that can carry out a full Veterans Administration (VA) Benefits Review.

In addition to identifying and applying for benefits that a veteran and/or their dependents may be eligible to receive, the CVSO staff will case manage the application for benefits during the VA review process. As needed, CVSO staff will advocate on behalf of veterans and/or their dependents with the VA to ensure that their application is given full consideration. Because the population eligible for Housing Conservatorship already receives a high level of care from the city, veterans who are eligible for Housing Conservatorship may already receive many of these services. To the extent that there are veterans who enter the Housing Conservatorship program who are not accessing these services, the existing programs have the capacity to meet the additional demand.

Family support and consultation services

With the understanding that individuals benefit from strong family support during their journey to recovery and wellness, the SFDPH will prioritize family engagement when planning and implementing SB1045. Consequently, as part of the process, families will be engaged and offered education and support, including information about eligibility, benefits, limitations, and opportunities of the program. This support is critical, because investing time to educate family members on behavioral health needs, what it means to have behavioral health needs, and how to strengthen participants' support systems can result in improved outcomes for program participants.

Given the close work with Assisted Outpatient Treatment (AOT), which employs two team members to provide peer and family support, we anticipate that family members will be able to receive support and consultation services. Additional staff members include four clinicians, one psychologist, and one manager. As previously discussed, as individuals are connected to intensive case management services, as well as a Public Conservator, these treatment providers will be able to offer additional resources as they provide support to their loved ones. Because the population eligible for Housing Conservatorship already receives a high level of care from the city, individuals who are eligible for Housing Conservatorship may already receive family support services. To the extent that there are individuals who enter the Housing Conservatorship program who are not accessing these services, the existing programs have the capacity to meet the additional demand.

Complete Service Planning and Delivery Process/Plans and Services

The Office of the Public Conservator will work closely with city partners including Behavioral Health Services and the Department of Public Health as well as community-based organizations to develop individualized, tailored service plans for all Housing Conservatorship clients. Complete service planning is a function of the city's ability to provide properly trained public conservators and other required services. As the other services are not resource constrained, neither is the city's ability to provide complete service planning for individuals in the Housing Conservatorship program.

The service planning and delivery process for all clients will include the following:

- Assessments and evaluations of the needs of individual clients will consider cultural, linguistic, gender, sexual orientation, gender identify, age, and special needs of minorities, other forms of disability, and those based on any characteristic listed or defined in Section 11135 of the Government Code in the target populations. Whenever possible, services will be provided by bilingual and bicultural staff and/or with the support of high-quality translators to reduce barriers to mental health services as a result of having limited-English-speaking ability or cultural differences;
- The needs of clients with physical disabilities will be considered and accommodated during the service planning and delivery process. This may include the need to provide appropriate transportation services, durable medical equipment, written materials in accessible formats, and/or the provision of services provided in the client's place of residence, as well as any other reasonable service adaptation that might be required;
- The special needs of older adult clients will be considered and addressed during the service planning and delivery process. This may include the need to accommodate for physical disabilities, provide tailored transportation services, or the need for services to be provided in the client's place of residence. Service providers will be trained to meet

the specialized needs of older adult populations;

- As appropriate, specialized services will be provided for clients that are found to need family support and consultation services, parenting support and consultation services, and peer support or self-help group support. Such services may be accessed through appropriate referrals and connections to community based organizations as well as City departments;
- Clients will be engaged to participate actively, and whenever possible, to direct their own service and recovery process. Services that are provided to clients will employ psychosocial rehabilitation and recovery principles;
- Psychiatric and psychological services that are provided will be integrated with other services to ensure the full collaboration of all service providers that are contributing to the individualized plan;
- Services that are provided to clients will take into account the special needs of women from diverse cultural and socioeconomic backgrounds;
- Provision for housing for clients that is immediate, transitional, permanent, or all of these; and
- Services that are provided will take into account the special needs of lesbian, gay, bisexual, and transgender (LGBT) individuals and by providers that have completed LGBTQ sensitivity training.

Individual Personal Service Plans

The Office of the Public Conservator will work closely with city partners such as Behavioral Health Services and the Department of Public Health and community based organizations to develop individualized, tailored service plans for all Housing Conservatorship clients. The Office of the Public Conservator is responsible for overseeing and coordinating individual personal service plans for all conservatees. The provision of individual personal service plans is a function of the city's ability to provide properly trained public conservators and other required services. As the other services are not resource constrained, neither is the city's ability to provide individual personal service plans for individuals in the Housing Conservatorship program.

The individual personal services plan ensures that a person subject to conservatorship pursuant to this chapter receives age-appropriate, gender-appropriate, disability-appropriate, and culturally appropriate services, to the extent feasible and when appropriate, that are designed to enable those persons to do all of the following:

- Live in the most independent, least restrictive clinically appropriate housing feasible in the local community, and, for clients with children, to live in a supportive housing

environment that strives for reunification with their children or assists clients in maintaining custody of their children as is appropriate;

- Engage in the highest level of work or productive activity appropriate to their abilities and experience;
- Create and maintain a support system consisting of friends, family, and participation in community activities;
- Access an appropriate level of academic education or vocational training;
- Obtain an adequate income;
- Self-manage their illnesses and exert as much control as possible over both the day-to-day and long-term decisions that affect their lives;
- Access necessary physical health benefits and care and maintain the best possible physical health; and
- Reduce or eliminate the distress caused by the symptoms of mental illness.

Civil Liberties/Patient Protection

This report is meant to demonstrate that the City and County of San Francisco has the capacity to implement and administer the Housing Conservatorship program authorized by SB 1045. The program will focus on the critical acute needs of a specific population of individuals who have a demonstrated history of serious mental illness and substance use disorder. The City also recognizes that there are other important considerations about how this program should be implemented. In order to implement this program, SB 1045 requires that the City and County of San Francisco implement several levels of safeguards to preserve the rights of individuals who are in or are being considered for the Housing Conservatorship program.

In order to implement this program and place individuals into a Housing Conservatorship, the program must be the least restrictive clinically appropriate option for a person whom it has been determined through clinical assessment to be incapable of caring for their own health and well-being due to a serious mental illness and substance use disorder. In order to guarantee Housing Conservatorship is the least restrictive clinically appropriate solution, individuals have the right to a public defender and a jury trial at the time the City petitions the court for Housing Conservatorship. The officer investigating the Housing Conservatorship must evaluate all available alternatives including Assisted Outpatient Treatment and provide a written report to the court. In the event that an individual is placed in Housing Conservatorship, that individual may contest the conservatorship at any time. Housing Conservatorship automatically terminates after one year, and the city must petition the courts to extend it. Subsequent petitions will have to continue to demonstrate that this is the least restrictive clinically appropriate treatment option.

Additionally, the City must establish a working group to evaluate the effectiveness of the program. The working group shall be comprised of representatives of disability rights advocacy groups, the county mental health department, the county health department, the county social services department, law enforcement, labor unions, staff from hospitals located in the county or

the city and county, and, if one exists, the county department of housing and homeless services. This working group will be created after the city and county opts into the SB 1045 program.

The City can only propose Housing Conservatorship if it can provide all of the required services listed in this report and in SB 1045. While this report demonstrates that the City currently has the capacity to administer the program effectively, it will have to continue to demonstrate that capacity to the working group and to the courts in order to continue to seek Housing Conservatorships.

Conclusion

Housing Conservatorship is a new tool to address the needs of a unique and specific preexisting population whose acute care needs are currently unmet and for whom stabilization has been unsuccessful. The aim of the Housing Conservatorship program is to enhance the health and well-being of a specific subset of the city's most vulnerable adult population by providing them with treatment and comprehensive services including permanent supportive housing.