

File No. 181042

Committee Item No. 2

Board Item No. \_\_\_\_\_

### COMMITTEE/BOARD OF SUPERVISORS

#### AGENDA PACKET CONTENTS LIST

Committee: Rules Committee

Date May 13, 2019

Board of Supervisors Meeting

Date \_\_\_\_\_

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Completed by: Victor Young

Date May 9, 2019

Completed by: \_\_\_\_\_

Date \_\_\_\_\_

1 [Health, Administrative Codes - Housing Conservatorships]

2  
3 **Ordinance amending the Health Code to authorize procedures for the appointment of a**  
4 **conservator for a person incapable of caring for the person's own health and well-**  
5 **being due to a serious mental illness and substance use disorder, and designating the**  
6 **City Attorney to institute judicial proceedings to establish housing conservatorships;**  
7 **and amending the Administrative Code to establish the Housing Conservatorship**  
8 **Working Group to conduct an evaluation of the City's implementation of the housing**  
9 **conservatorship program.**

10 **NOTE:** **Unchanged Code text and uncodified text** are in plain Arial font.  
11 **Additions to Codes** are in *single-underline italics Times New Roman font*.  
12 **Deletions to Codes** are in *strikethrough italics Times New Roman font*.  
13 **Board amendment additions** are in double-underlined Arial font.  
14 **Board amendment deletions** are in ~~strikethrough Arial font~~.  
15 **Asterisks (\* \* \* \*)** indicate the omission of unchanged Code  
16 subsections or parts of tables.

17 Be it ordained by the People of the City and County of San Francisco:

18 Section 1. Article 41 of the Health Code is hereby amended by adding Division IV,  
19 consisting of Sections 4131 to 4135, to read as follows:

20 **DIVISION IV: HOUSING CONSERVATORSHIPS**

21  
22 **SEC. 4131. FINDINGS.**

23 *(a) State law establishes a procedure for the appointment of a conservator for a person who is*  
24 *determined to be gravely disabled as a result of a mental health disorder or an impairment by chronic*  
25 *alcoholism. Chapter 3 of Part 1 of Division 5 of the California Welfare and Institutions Code. State*

1 law also establishes a procedure for the appointment of a conservator for individuals who are unable  
2 to properly provide for their needs for physical health, food, clothing and shelter, and for individuals  
3 who are substantially unable to manage their finances or resist fraud or undue influence. Division 4 of  
4 the California Probate Code.

5 (b) Notwithstanding State and City laws and programs designed to provide care for persons  
6 who are unable to care for themselves, some people fall through the cracks. For example,  
7 conservatorships under the Lanterman-Petris-Short Act, Chapter 3 of Part 1 of Division 5 of the  
8 California Welfare and Institutions Code ("LPS conservatorships"), do not take into consideration  
9 substance use disorders other than alcoholism. Therefore, individuals with a serious mental illness and  
10 co-occurring substance use disorder other than alcohol can be ineligible for LPS conservatorships,  
11 notwithstanding their mental health disorder and resulting needs.

12 (c) Individuals grappling with severe mental illness and a debilitating substance use disorder  
13 are often difficult to treat under existing short-term psychiatric programs and outpatient drug  
14 treatments available outside of conservatorship; these individuals often cycle in and out of treatment  
15 and have difficulty maintaining stable housing. As of the adoption of this Division IV, there is no  
16 avenue to conserve individuals in a supportive housing environment that provides wraparound services  
17 to those individuals.

18 (d) S.B. 1045 (Housing Conservatorship for Persons with Serious Mental Illness and Substance  
19 Use Disorders), codified at Chapter 5 of Part 1 of Division 5 of the California Welfare and Institutions  
20 Code, authorizes the counties of San Francisco, San Diego, and Los Angeles, to establish procedures  
21 for the appointment of a conservator for a person who is incapable of caring for the person's own  
22 health and well-being due to a serious mental illness and substance use disorder, for the purpose of  
23 providing the least restrictive and most clinically appropriate alternative needed for the protection of  
24 the person.

1           (e) The Department of Public Health (“DPH”), the Human Services Agency (“HSA”), and the  
2 Department of Homelessness and Supportive Housing (“HSH”) developed a plan (“the Housing  
3 Conservatorship Plan”) to implement Chapter 5 of Part 1 of Division 5 of the California Welfare and  
4 Institutions Code, in consultation with representatives of disability rights advocacy groups, a provider  
5 of permanent supportive housing services, the county health department, law enforcement, labor  
6 unions, and staff from hospitals located in San Francisco. The Housing Conservatorship Plan is  
7 available in Board of Supervisors File No. \_\_\_\_\_.

8           (f) As required by S.B. 1045, as codified in subsection (b)(2) of Section 5450 of the California  
9 Welfare and Institutions Code, the Board of Supervisors held a public hearing on \_\_\_\_\_,  
10 where staff from DPH, HSA, and HSH presented the Housing Conservatorship Plan to the Board of  
11 Supervisors, and provided testimony concerning the available resources for the implementation of  
12 Chapter 5 of Part 1 of Division 5 of the California Welfare and Institutions Code. Based on materials  
13 and testimony presented at the hearing, the Board of Supervisors finds that the services set forth in  
14 subsection (b)(2) of Section 5450 of the California Welfare and Institutions Code are available in, at a  
15 minimum, sufficient quantity, resources, and funding levels to serve the identified population that the  
16 Board of Supervisors intends to serve in connection with the implementation of the Housing  
17 Conservatorship Program.

18           (g) The City finds that no voluntary mental health program serving adults, no children’s mental  
19 health program, and no services or supports provided in conservatorships established pursuant to  
20 Division 4 (commencing with Section 1400) of the California Probate Code or conservatorships  
21 established pursuant to Chapter 3 (commencing with Section 5350) of the California Welfare and  
22 Institutions Code), including availability of conservators, will be reduced as a result of implementation  
23 of the Housing Conservatorship Program.

24  
25           **SEC. 4132. DEFINITIONS.**

1 Terms not defined in this Division IV shall have the meaning attributed to them in Section 5452  
2 of the California Welfare and Institutions Code, as may be amended from time to time.

3 "City" means the City and County of San Francisco.

4  
5 **SEC. 4133. AUTHORIZATION OF THE HOUSING CONSERVATORSHIP PROGRAM.**

6 (a) The City authorizes the implementation of Chapter 5 (commencing with Section 5450) of  
7 Part 1 of Division 5 of the Welfare and Institutions Code through the establishment of the Housing  
8 Conservatorship Program, as provided in this Division IV.

9 (b) The purpose of the Housing Conservatorship Program is to provide the least restrictive and  
10 most clinically appropriate alternative needed for the protection of a person who is incapable of caring  
11 for the person's own health and well-being due to a serious mental illness and substance use disorder,  
12 as evidenced by frequent detention for evaluation and treatment pursuant to Section 5150 of the  
13 California Welfare and Institutions Code ("Section 5150"). If the court determines that the person  
14 needs to be moved from the person's current residence, the placement shall be in supportive community  
15 housing that provides wraparound services, such as onsite physical and behavioral health services,  
16 unless the court, with good cause, determines that such a placement is not sufficient for the protection  
17 of that person.

18 (c) The procedures for establishing, administering, and terminating a conservatorship under  
19 this Division IV shall be as set forth in Chapter 5 of Part 1 of Division 5 of the California Welfare and  
20 Institutions Code.

21 (d) The San Francisco Public Conservator is designated to provide conservatorship  
22 investigations as set forth in this Division IV, and those investigations shall comply with the  
23 requirements of Chapter 5 of Part 1 of Division 5 of the California Welfare and Institutions Code.

24 (e) The San Francisco Public Conservator may appoint a conservator of the person for a San  
25 Francisco resident who is incapable of caring for the person's own health and well-being due to a

1 serious mental illness and substance use disorder, as evidenced by frequent detention for evaluation  
2 and treatment pursuant to Section 5150.

3 (f) A Housing Conservatorship pursuant to this Division IV shall not be established if a  
4 conservatorship or guardianship for the person exists under Division 4 (commencing with Section  
5 1400) of the California Probate Code or under Chapter 3 (commencing with Section 5350) of the  
6 California Welfare and Institutions Code.

7 (g) The following professionals may recommend an evaluation for Housing Conservatorship to  
8 the Public Conservator upon a determination that a person in the professional's care is incapable of  
9 caring for the person's own health and well-being due to a serious mental illness and substance use  
10 disorder, as evidenced by frequent detention for evaluation and treatment pursuant to Section 5150:

11 (1) The Sheriff, or the Sheriff's designee;

12 (2) The Director of the Department of Public Health, or the Director's designee;

13 (3) The Director of the Human Services Agency, or the Director's designee; or

14 (4) The professional person in charge of an agency providing comprehensive evaluation  
15 or a facility providing intensive treatment.

16 (h) If the Public Conservator, upon conducting an evaluation for Housing Conservatorship,  
17 finds that the person meets the criteria for Housing Conservatorship and the Housing Conservatorship  
18 is the least restrictive alternative, the officer shall petition the Superior Court of San Francisco to  
19 establish a Housing Conservatorship.

20  
21 **SEC. 4134. UNDERTAKING FOR THE GENERAL WELFARE.**

22 In enacting and implementing this Division IV, the City is assuming an undertaking only to  
23 promote the general welfare. It is not assuming, nor is it imposing on its officers and employees, an  
24 obligation for breach of which it is liable in money damages to any person who claims that such breach  
25 proximately caused injury.

1  
2                   **SEC. 4135. SUNSET DATE.**

3                   This Division IV shall expire by operation of law on December 31, 2023, unless the Legislature  
4 has amended Chapter 5 of Part 1 of Division 5 of the Welfare and Institutions Code to extend the  
5 authorization of local housing conservatorship programs beyond that date. If Chapter 5 is amended to  
6 extend beyond December 31, 2023, but to remain in effect only until a later date certain, on which date  
7 it is repealed, this Division IV shall expire by operation of law on that later date certain. In either  
8 event, upon expiration of this Division IV by operation of law, the City Attorney shall cause Division IV  
9 to be removed from the Health Code.

10  
11                   Section 2. Division III of Article 41 of the Health Code is hereby amended to revise  
12 Section 4121, to read as follows:

13  
14                   **SEC. 4121. DESIGNATION OF CITY ATTORNEY.**

15                   The City Attorney is designated to represent the county in the following proceedings:

16                   (a) Judicial proceedings authorized by Article 9 of Chapter 2 of Division 5 of the  
17 California Welfare and Institutions Code ("The Assisted Outpatient Treatment Demonstration  
18 Project Act of 2002"); *and*

19                   (b) ~~Beginning January 1, 2019, j~~Judicial proceedings authorized by Chapter 3 of Division  
20 5 of the California Welfare and Institutions Code ("Conservatorship for Gravely Disabled  
21 Persons"); provided, however, that the City Attorney is not designated to represent the county  
22 in such proceedings where they concern a person who meets the definition of "gravely  
23 disabled" as set forth in subsection (h)(1)(B) of Section 5008 of the California Welfare and  
24 Institutions Code.; *and*

1            (c) Judicial proceedings authorized by Chapter 5 of Part 1 of Division 5 of the California  
2 Welfare and Institutions Code (“Housing Conservatorship for Persons with Serious Mental Illness and  
3 Substance Use Disorders”).

4  
5            Section 3. Chapter 5 of the Administrative Code is hereby amended by adding Article  
6 XXXVII, consisting of Sections 5.37-1 to 5.37-5, to read as follows:

7  
8            **ARTICLE XXXVII: HOUSING CONSERVATORSHIP WORKING GROUP**

9  
10           **SEC. 5.37-1. ESTABLISHMENT OF WORKING GROUP.**

11           There is hereby established the Housing Conservatorship Working Group (the “Working  
12 Group”) of the City and County of San Francisco.

13  
14           **SEC. 5.37-2. MEMBERSHIP.**

15           The Working Group shall be comprised of 12 members, appointed as follows:

16           (a) Seats 1 and 2 shall be held by representatives of disability rights advocacy groups,  
17 appointed by the Mayor and the Board of Supervisors, respectively.

18           (b) Seats 3 and 4 shall be held by representatives of labor unions, appointed by the Mayor and  
19 the Board of Supervisors, respectively.

20           (c) Seats 5 and 6 shall be held by representatives of organizations providing direct services to  
21 homeless individuals or families, appointed by the Mayor and the Board of Supervisors, respectively.

22           (d) Seat 7 shall be held by an employee of a hospital located in San Francisco with experience  
23 in mental health and substance use disorders, appointed by the Director of Health.

24           (e) Seat 8 shall be held by an employee of the Behavioral Health Services program of the  
25 Department of Public Health, appointed by the Director of Health.



1           (f) Seat 9 shall be held by an employee of the Department of Public Health, appointed by the  
2 Director of Health.

3           (g) Seat 10 shall be held by an employee of the Human Services Agency, appointed by the  
4 Director of the Human Services Agency.

5           (h) Seat 11 shall be held by an employee of the Department of Homelessness and Supportive  
6 Housing, appointed by the Director of the Department of Homelessness and Supportive Housing.

7           (i) Seat 12 shall be held by an employee of the San Francisco Police Department, appointed by  
8 the Chief of Police.

9  
10           **SEC. 5.37-3. ORGANIZATION AND TERMS OF OFFICE.**

11           (a) Members of the Working Group shall serve at the pleasure of their respective appointing  
12 authorities, and may be removed by the appointing authority at any time.

13           (b) Appointing authorities shall make initial appointments to the Working Group by no later  
14 than 90 days after the effective date of this Article XXXVII.

15           (c) The Working Group shall hold its inaugural meeting not more than 30 days after a quorum  
16 of the Working Group, defined as a majority of seats, has been appointed.

17           (d) Members of the Working Group shall receive no compensation from the City, except that  
18 the members in Seats 8, 9, 10, 11, and 12 who are City employees may receive their respective City  
19 salaries for time spent working on the Working Group.

20           (e) Any member who misses three regular meetings of the Working Group within any 12-month  
21 period without the express approval of the Working Group at or before each missed meeting shall be  
22 deemed to have resigned from the Working Group 10 days after the third unapproved absence. The  
23 Working Group shall inform the appointing authority of any such resignation.

24           (f) The Department of Public Health shall provide administrative and clerical support for the  
25 Working Group, and the Controller's Office shall provide technical support and policy analysis for the

1 Working Group upon request. All City officials and agencies shall cooperate with the Working Group  
2 in the performance of its functions.

3  
4 **SEC. 5.37-4. DUTIES.**

5 (a) The Working Group shall conduct an evaluation of the effectiveness of the implementation  
6 of Chapter 5 (commencing with Section 5450) of the California Welfare and Institutions Code  
7 ("Chapter 5") in addressing the needs of persons with serious mental illness and substance use  
8 disorders in the City. The evaluation shall include an assessment of the number and status of persons  
9 who have been conserved under Chapter 5, the effectiveness of these conservatorships in addressing  
10 the short- and long-term needs of those persons, and the impact of conservatorships established  
11 pursuant to Chapter 5 on existing conservatorships established pursuant to Division 4 (commencing  
12 with Section 1400) of the California Probate Code or Chapter 3 (commencing with Section 5350) of the  
13 California Welfare and Institutions Code, and on mental health programs provided by the City.

14 (b) The Working Group shall prepare and submit a preliminary report and a final report to the  
15 Mayor, the Board of Supervisors, and the Legislature on its findings and recommendations regarding  
16 the implementation of Chapter 5. The preliminary report shall be submitted to the Mayor and the  
17 Board of Supervisors by no later than November 1, 2020, and to the Legislature by no later than  
18 January 1, 2021, in compliance with Section 9795 of the California Government Code. The final report  
19 shall be submitted to the Mayor and the Board of Supervisors by no later than November 1, 2022, and  
20 to the Legislature by no later than January 1, 2023, in compliance with Section 9795 of the California  
21 Government Code.

22  
23 **SEC. 5.37-5. SUNSET.**

24 Unless the Board of Supervisors by ordinance extends the term of the Working Group, this  
25 Article XXXVII shall expire by operation of law, and the Working Group shall terminate, on December

1 31, 2023. In that event, after that date, the City Attorney shall cause this Article XXXVII to be removed  
2 from the Administrative Code.

3  
4 Section 4. Effective Date. This ordinance shall become effective 30 days after  
5 enactment. Enactment occurs when the Mayor signs the ordinance, the Mayor returns the  
6 ordinance unsigned or does not sign the ordinance within ten days of receiving it, or the Board  
7 of Supervisors overrides the Mayor's veto of the ordinance.

8  
9 APPROVED AS TO FORM:  
10 DENNIS J. HERRERA, City Attorney

11 By:

  
12 ANNE PEARSON  
Deputy City Attorney

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**LEGISLATIVE DIGEST**

[Health, Administrative Codes - Housing Conservatorships]

**Ordinance amending the Health Code to authorize procedures for the appointment of a conservator for a person incapable of caring for the person's own health and well-being due to a serious mental illness and substance use disorder, and designating the City Attorney to institute judicial proceedings to establish housing conservatorships; and amending the Administrative Code to establish the Housing Conservatorship Working Group to conduct an evaluation of the City's implementation of the housing conservatorship program.**

Existing Law

Currently, state law establishes a procedure for the appointment of a conservator for a person who is determined to be gravely disabled as a result of a mental health disorder or an impairment by chronic alcoholism. State law also establishes a procedure for the appointment of a conservator for individuals who are unable to properly provide for their needs for physical health, food, clothing and shelter, and for individuals who are substantially unable to manage their finances or resist fraud or undue influence.

On September 27, 2018, Governor Brown signed into law S.B. 1045 (Housing Conservatorship for Persons with Serious Mental Illness and Substance Use Disorders), to be codified at Chapter 5 of Part 1 of Division 5 of the California Welfare and Institutions Code. S.B. 1045, which will go into effect on January 1, 2019, authorizes the counties of San Francisco, San Diego, and Los Angeles, to establish procedures for the appointment of a conservator for 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, for the purpose of providing the least restrictive and most clinically appropriate alternative needed for the protection of the person.

S.B. 1045 provides that before a county Board of Supervisors may authorize the establishment of a housing conservatorship program, local government departments must develop a plan to implement the program, in consultation with specified stakeholders, and must present the plan to the Board of Supervisors. In addition, after a public hearing and based on materials presented, the Board of Supervisors must make a finding that the county has enumerated services, including but not limited to supportive housing with wraparound services and adequate beds, outpatient mental health counseling, psychiatric and psychological services, and substance use disorder services, in sufficient quantity, resources, and funding levels to serve the identified population that the Board of Supervisors intends to serve. The Board of Supervisors must also make a finding that no voluntary mental health program serving adults, no children's mental health program, and no services or supports provided in other conservatorship programs, including the availability of conservators, may be reduced as a result of the implementation of the housing conservatorship program.

Once the Board of Supervisors has established a housing conservatorship program consistent with the requirements of S.B. 1045, a conservatorship of the person may be appointed for 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, as evidenced by frequent detention for evaluation and treatment pursuant to Section 5150. The procedures for establishing, administering, and terminating a housing conservatorship are set forth in state law.

The establishment of a housing conservatorship is subject to a finding by the court that the county has previously attempted by petition to obtain a court order authorizing assisted outpatient treatment ("AOT") and that the petition was denied or the AOT was insufficient to treat the person's mental illness, and AOT would be insufficient to treat the person in lieu of a housing conservatorship.

A person for whom a housing conservatorship is sought shall have a right to be represented by the public defender and to demand a jury trial to determine whether the person meets the criteria for the appointment of the conservator.

S.B. 1045 also requires the appointment of a working group that is charged with evaluating the effectiveness of the implementation of S.B. 1045 in addressing the needs of persons with serious mental illness and substance use disorders, and preparing reports to Legislature on its findings and recommendations regarding implementation.

#### Amendments to Current Law

The proposed ordinance would authorize the implementation of S.B. 1045 through the establishment of a Housing Conservatorship Program. The ordinance would designate the San Francisco Public Conservator as the agency that would provide conservatorship investigations and that may appoint a conservator of the person for San Francisco residents who are incapable of caring for the person's own health and well-being due to a serious mental illness and substance use disorder, as evidenced by frequent detention for evaluation and treatment pursuant to Section 5150.

The proposed ordinance would provide that the process for establishing, administering, and terminating a housing conservatorship would be as set forth in state law.

The ordinance would authorize the court to appoint the San Francisco Public Conservator as conservator if the court makes an express finding that it is necessary for the protection of the proposed conservatee and the granting of the conservatorship is the least restrictive alternative needed for the protection of the conservatee. Housing conservatorships will automatically terminate one year after the appointment of the conservator by the court, or shorter if ordered by the court.

The proposed ordinance would designate the City Attorney's office to represent the Public Conservator in housing conservatorship proceedings. It would also establish a Working

Group charged with evaluating the City's implementation of S.B. 1045. The Working Group would consist of 12 members, appointed by the Mayor, the Board of Supervisors, and specified department heads, and would be charged with preparing a preliminary report by November 2020, and a final report by November 2022.

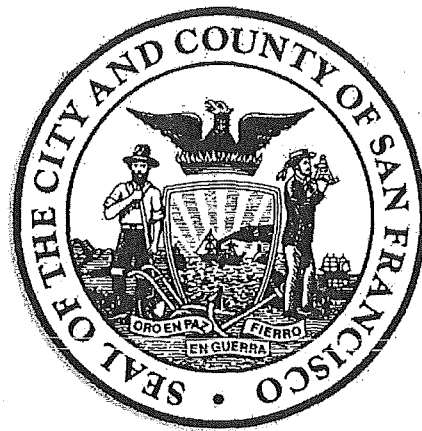
### Background Information

Notwithstanding State and City laws and programs designed to provide care for persons who are unable to care for themselves, some people fall through the cracks. For example, conservatorships under the Lanterman-Petris-Short Act, Chapter 3 of Part 1 of Division 5 of the California Welfare and Institutions Code ("LPS conservatorships"), do not take into consideration substance use disorders other than alcoholism. Therefore, individuals with a serious mental illness and co-occurring substance use disorder other than alcohol can be ineligible for LPS conservatorships, notwithstanding their mental health disorder and resulting needs.

Individuals grappling with severe mental illness and a debilitating substance use disorder are often difficult to treat under existing short-term psychiatric programs and outpatient drug treatments available outside of conservatorship; these individuals often cycle in and out of treatment and have difficulty maintaining stable housing. Currently, there is no avenue to conserve individuals in a supportive housing environment that provides wraparound services to those individuals.

As part of the legislative process, the Board of Supervisors will hold a public hearing at which City departments will present a Housing Conservatorship Plan and other information relating to the available resources for the implementation of S.B. 1045.

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# 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 SFPDH 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.

## Young, Victor (BOS)

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**From:** Hans Kolbe <hanskolbe@celantrasystems.com>  
**Sent:** Wednesday, May 08, 2019 8:41 PM  
**To:** Young, Victor (BOS)  
**Cc:** Carolyn Kenady; Mundy, Erin (BOS); rafaelmandelman@yahoo.com  
**Subject:** support for SB1045 File No 181042

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Dear Mr. Young

My family and I strongly support measure SB 1045 and its important conservatorship regulations. I also speak for the steering committee of the "Dolores Park Ambassadors", a neighborhood group with a subscriber list of more than 300 neighbors around Dolores Park and the surrounding areas. Too often we are confronted with mentally challenged persons who do not seem to be able to take care of or control themselves in our city environment. We are cooperating with police, park rangers, and city services in brining compassion and care towards these individuals. However, a small number of them need additional care and containment. The proposed legislation contains sufficient controls against abuse and provides much needed help to severely challenged individuals.

Best regards

Hans Kolbe  
Celantra Systems  
Cell US 415-730-1131

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BOARD of SUPERVISORS



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## MEMORANDUM

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Date: January 18, 2019

To: The Honorable Members, Board of Supervisors

From: *ACC* Angela Calvillo, Clerk of the Board

Subject: Health, Administrative Codes - Housing Conservatorships  
(File No. 181042)

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Board of Supervisors Rules of Order 2.21 establishes certain criteria that must be included in legislation creating and establishing, or reauthorizing, new bodies (boards/commissions/task forces/advisory bodies) and requires the Clerk of the Board to advise the Board on certain matters. In order to fulfill these requirements, the following information is provided.

*File No. 181042 Health, Administrative Codes – Housing Conservatorship*

The Ordinance would establish the Housing Conservatorship Working Group (HSWG).

- Does a current body address the same or similar subject matter?

*No, there is no active body with similar powers or duties. The HSWG shall conduct an evaluation of the effectiveness of the implementation of the California Welfare and Institutions Code (Chapter 5) in addressing the needs of persons with serious mental illness and substance use disorder in the City.*

- Language requiring the body to meet at least once every four months

*The Ordinance does not address or set a minimum meeting requirement. I do suggest that the Ordinance be amended on Page 8, Line 16, to insert “and shall meet at least once every four months thereafter”.*

- Language indicating members serve at the pleasure of the appointing authority

*Page 8, Line 10, Section 5.37.3(a), entitled “Organization and Terms of Office,” states “Members of the Working Group shall serve at the pleasure of their respective appointing authorities, and may be removed by the appointing authority at any time”.*



- Language establishing attendance requirements

*Page 8, Line 205, Section 5.37-3 (e), entitled "Organization and Terms of Office," states "Any member who misses three regular meetings of the Working Group within any 12-month period without the express approval of the Working Group at or before each missed meeting shall be deemed to have resigned from the Working Group 10 days after the third unapproved absence."*

- Number of seats and qualifications

*Page 7, Line 1, Section 5.37-2, entitled "Membership," states "The Working Group shall be comprised of 12 members, appointed as follows:*

*(a) Seats 1 and 2 shall be held by representatives of disability rights advocacy groups, appointed by the Mayor and the Board of Supervisors, respectively.*

*(b) Seats 3 and 4 shall be held by representatives of labor unions, appointed by the Mayor and the Board of Supervisors, respectively.*

*(c) Seats 5 and 6 shall be held by representatives of organizations providing direct services to homeless individuals or families, appointed by the Mayor and the Board of Supervisors, respectively.*

*(d) Seat 7 shall be held by an employee of a hospital located in San Francisco with experience in mental health and substance use disorders, appointed by the Director of Health.*

*(e) Seat 8 shall be held by an employee of the Behavioral Health Services program of the Department of Public Health, appointed by the Director of Health.*

*(f) Seat 9 shall be held by an employee of the Department of Public Health, appointed by the Director of Health.*

*(g) Seat 10 shall be held by an employee of the Human Services Agency, appointed by the Director of the Human Services Agency.*

*(h) Seat 11 shall be held by an employee of the Department of Homelessness and Supportive Housing, appointed by the Director of the Department of Homelessness and Supportive Housing.*

*(i) Seat 12 shall be held by an employee of the San Francisco Police Department, appointed by the Chief of Police.*

- Term limits (i.e., commencement date? staggered terms?)

*Page 8, Line 10, Section 5.37-3, entitled "Organization and Terms of Office," does not reference a term limit. Therefore terms will be considered to be indefinite.*

- Administering department

*The Department of Public Health shall provide administrative and clerical support to the HSWG.*



▪ Reporting requirements

*The HCWG shall prepare and submit a preliminary report and a final report to the Mayor, the Board of Supervisors, and the Legislature on its findings and recommendations regarding the implementation of Chapter 5 (commencing with Section 5450) of the California Welfare and Institutions Code (“Chapter 5”) in addressing the needs of persons with serious mental illness and substance use disorders in the City. The preliminary report shall be submitted to the Mayor and the Board of Supervisors by no later than November 1, 2020, and to the Legislature by no later than January 1, 2021, in compliance with Section 9795 of the California Government Code. The final report shall be submitted to the Mayor and the Board of Supervisors by no later than November 1, 2022, and to the Legislature by no later than January 1, 2023, in compliance with Section 9795 of the California Government Code.*

▪ Sunset date

*The HCWG shall sunset on December 31, 2023, unless the Board of Supervisors extends the expiration date by Ordinance.*

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1 Dr. Carlton B. Goodlett Place, Room 244  
San Francisco 94102-4689  
Tel. No. 554-5184  
Fax No. 554-5163  
TDD/TTY No. 554-5227

## MEMORANDUM

TO: Shireen McSpadden, Executive Director, Department of Aging and Adult Services

FROM:  Alisa Somera, Legislative Deputy Director  
Rules Committee

DATE: November 15, 2018

SUBJECT: LEGISLATION INTRODUCED

---

The Board of Supervisors' Rules Committee has received the following proposed legislation, introduced by Mayor Breed on October 30, 2018:

**File No. 181042**

**Ordinance amending the Health Code to authorize procedures for the appointment of a conservator for a person incapable of caring for the person's own health and well-being due to a serious mental illness and substance use disorder, and designating the City Attorney to institute judicial proceedings to establish housing conservatorships; and amending the Administrative Code to establish the Housing Conservatorship Working Group to conduct an evaluation of the City's implementation of the housing conservatorship program.**

If you have comments or reports to be included with the file, please forward them to me at the Board of Supervisors, City Hall, Room 244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102 or by email at: [alisa.somera@sfgov.org](mailto:alisa.somera@sfgov.org).

c: Bridget Badasow, Department of Aging and Adult Services


BOARD of SUPERVISORS



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1 Dr. Carlton B. Goodlett Place, Room 244  
San Francisco 94102-4689  
Tel. No. 554-5184  
Fax No. 554-5163  
TDD/TTY No. 554-5227

## MEMORANDUM

TO: Greg Wagner, Acting Director, Department of Public Health  
Helynna Brooke, Mental Health Board  
Trent Rhorer, Executive Director, Human Services Agency  
Jeff Kositsky, Director, Department of Homelessness and Supportive  
Housing  
Vicki Hennessy, Sheriff, Sheriff's Department

FROM:  Alisa Somera, Legislative Deputy Director  
Rules Committee

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c: Naveena Bobba, Department of Public Health  
Sneha Patil, Department of Public Health  
Krista Ballard, Human Services Agency  
Emily Cohen, Department of Homelessness and Supportive Housing  
Theodore Toet, Sheriff's Department  
Katherine Gorwood, Sheriff's Department  
Nancy Crowley, Sheriff's Department

OFFICE OF THE MAYOR  
SAN FRANCISCO



LONDON N. BREED  
MAYOR

TO: Angela Calvillo, Clerk of the Board of Supervisors  
FROM: Kanishka Karunaratne Cheng *KKC*  
RE: Health, Administrative Codes - Housing Conservatorships  
DATE: 10/30/2018

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**Ordinance amending the Health Code to authorize procedures for the appointment of a conservator for a person incapable of caring for the person's own health and well-being due to a serious mental illness and substance use disorder, and designating the City Attorney to institute judicial proceedings to establish housing conservatorships; and amending the Administrative Code to establish the Housing Conservatorship Working Group to conduct an evaluation of the City's implementation of the housing conservatorship program.**

Please note that Supervisor Mandelman is a co-sponsor of this legislation.

Should you have any questions, please contact Kanishka Karunaratne Cheng at 415-554-6696.

RECEIVED  
BOARD OF SUPERVISORS  
SAN FRANCISCO  
2018 OCT 30 PM 2:05  
BY *[Signature]*

## Lew, Lisa (BOS)

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**From:** Lew, Lisa (BOS)  
**Sent:** Thursday, November 15, 2018 4:08 PM  
**To:** McSpadden, Shireen (HSA)  
**Cc:** Rhorer, Trent (HSA); Badasow, Bridget (HSA); Somera, Alisa (BOS)  
**Subject:** BOS Referral: File No. 181042 - Health, Administrative Codes - Housing Conservatorships  
**Attachments:** 181042 FYI DAAS.pdf

Hello,

The following proposed legislation is being referred to your department for informational purposes:

**File No. 181042**

**Ordinance amending the Health Code to authorize procedures for the appointment of a conservator for a person incapable of caring for the person's own health and well-being due to a serious mental illness and substance use disorder, and designating the City Attorney to institute judicial proceedings to establish housing conservatorships; and amending the Administrative Code to establish the Housing Conservatorship Working Group to conduct an evaluation of the City's implementation of the housing conservatorship program.**

Sent on behalf of Alisa Somera, Rules Committee. Please forward any comments or reports to Alisa Somera.

Regards,

**Lisa Lew**

Board of Supervisors  
San Francisco City Hall, Room 244  
San Francisco, CA 94102  
P 415-554-7718 | F 415-554-5163  
[lisa.lew@sfgov.org](mailto:lisa.lew@sfgov.org) | [www.sfbos.org](http://www.sfbos.org)



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*Disclosures: Personal information that is provided in communications to the Board of Supervisors is subject to disclosure under the California Public Records Act and the San Francisco Sunshine Ordinance. Personal information provided will not be redacted. Members of the public are not required to provide personal identifying information when they communicate with the Board of Supervisors and its committees. All written or oral communications that members of the public submit to the Clerk's Office regarding pending legislation or hearings will be made available to all members of the public for inspection and copying. The Clerk's Office does not redact any information from these submissions. This means that personal information—including names, phone numbers, addresses and similar information that a member of the public elects to submit to the Board and its committees—may appear on the Board of Supervisors' website or in other public documents that members of the public may inspect or copy.*

## Lew, Lisa (BOS)

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**From:** Lew, Lisa (BOS)  
**Sent:** Tuesday, November 13, 2018 11:20 AM  
**To:** Wagner, Greg (DPH); 'hbrooke@mhbsf.org'; Rhorer, Trent (HSA); Kositsky, Jeff (HOM); Hennessy, Vicki (SHF)  
**Cc:** Bobba, Naveena (DPH); Patil, Sneha (DPH); Ballard, Krista (HSA); Cohen, Emily (HOM); Toet, Theodore (SHF); Gorwood, Kathy; Crowley, Nancy (SHF); Somera, Alisa (BOS)  
**Subject:** BOS Referral: File No. 181042 - Health, Administrative Codes - Housing Conservatorships  
**Attachments:** 181042 FYI.pdf

Hello,

The following proposed legislation is being referred to your department for informational purposes:

### File No. 181042

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Sent on behalf of Alisa Somera, Rules Committee. Please forward any comments or reports to Alisa Somera.

Regards,

**Lisa Lew**  
Board of Supervisors  
San Francisco City Hall, Room 244  
San Francisco, CA 94102  
P 415-554-7718 | F 415-554-5163  
[lisa.lew@sfgov.org](mailto:lisa.lew@sfgov.org) | [www.sfbos.org](http://www.sfbos.org)



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# INDIVISIBLE SF

Date: May 7, 2019

To: San Francisco Board of Supervisors Rules Committee

cc: Jessica Lehman, Executive Director, Senior and Disability Action

re: SB 1045 and SB 40 - **OPPOSE**

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**Indivisible SF, a member of Voluntary Services First, is opposed to the implementation of SB 1045 and SB 40** that expand the use of conservatorship to people with mental illness and substance use disorder. We respectfully ask that you vote **NO** on File # 181042 when it is heard by the Rules Committee on May 13, 2019.

San Francisco suffers from a substantial lack of much-needed voluntary services. Given this lack, the City's resources should be directed towards providing adequate supportive housing, mental health care and substance abuse treatment for the thousands of San Francisco residents who are on waiting lists for these voluntary services. Until the City has adequate funds and resources for voluntary services, we oppose expansion of involuntary conservatorship.

SB 1045 and SB 40 shifts the long supported standard for conservatorship from "Harm to self and others, or gravely disabled" to "Number of police detentions under 5150". Decisions about mental health care and substance use disorder treatment should be made by patients, their families and their physicians, not by the police and the courts. Conservatorship is an extreme deprivation of civil rights. That is why the long accepted standard is "harm to self or others, or gravely disabled", only to be used in extreme cases.

While there may be a very small number of patients who meet the standards set out in SB 1045 and SB 40, there are many more homeless people who are detained under a 5150 hold who do not meet the criteria. They are arrested, transported to emergency psychiatric care facilities and then released. However the trauma inflicted by this process can be permanent and devastating.

Furthermore, there is mounting evidence that compulsory treatment, especially without adequate follow-on care, is ineffective and can actually exacerbate the patient's condition. The UN has issued joint statement calling for the closing of compulsory treatment centers for drug "rehabilitation" and expansion of voluntary services.

The authors of SB 1045 and SB 40 have repeatedly failed to reach out and consult with our community partners who are on the frontlines of providing care and support for homeless people with mental illness and substance abuse disorders. In fact, it is unclear who the authors have consulted, and, as a result, the City has no clear plan to implement this new scheme and does not have adequate facilities or services for expanding conservatorship.

We agree with, and strongly support, the Voluntary Services First coalition in opposing the implementation of SB 1045 and SB 40.

**We respectfully urge you to vote No** when File 181042 comes before the Rules Committee on May 13, 2019.

Sincerely,

A handwritten signature in black ink that reads "Spencer Hudson". The signature is written in a cursive, flowing style.

Spencer Hudson  
Indivisible SF  
[indivisible.spencer@gmail.com](mailto:indivisible.spencer@gmail.com)  
(415) 373-8476

**From:** [Hans Kolbe](#)  
**To:** [Young, Victor \(BOS\)](#)  
**Cc:** [Carolyn Kenady](#); [Mundy, Erin \(BOS\)](#); [rafaelmandelman@yahoo.com](mailto:rafaelmandelman@yahoo.com)  
**Subject:** support for SB1045 File No 181042  
**Date:** Wednesday, May 08, 2019 8:40:59 PM

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This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Dear Mr. Young

My family and I strongly support measure SB 1045 and its important conservatorship regulations. I also speak for the steering committee of the "Dolores Park Ambassadors", a neighborhood group with a subscriber list of more than 300 neighbors around Dolores Park and the surrounding areas. Too often we are confronted with mentally challenged persons who do not seem to be able to take care of or control themselves in our city environment. We are cooperating with police, park rangers, and city services in bringing compassion and care towards these individuals. However, a small number of them need additional care and containment. The proposed legislation contains sufficient controls against abuse and provides much needed help to severely challenged individuals.

Best regards

Hans Kolbe  
Celantra Systems  
Cell US 415-730-1131

