

January 2023

# San Francisco Housing Conservatorship

Annual Evaluation Report

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# Executive Summary

San Francisco's Housing Conservatorship Program is designed to serve individuals who are deemed unable to care for their health and well-being due to co-occurring serious mental illness and substance use disorder, using the least restrictive and most clinically appropriate treatment options. The Program was conceived in September 2018 through California Senate Bill 1045, and later amended in Senate Bill 40. Local implementation in San Francisco was authorized by Mayor London Breed and the Board of Supervisors in June 2019, and a 12-member Working Group was established to evaluate the overall effectiveness of the Housing Conservatorship and its impact on individuals and local systems of care.

Throughout the course of this program partner agencies have continued to collaborate with existing providers to support stabilization of eligible persons in the community and provide services in less restrictive settings, including Assisted Outpatient Treatment.

San Francisco's Administrative Code (Sec. 5.37-1 – 5.37-5) sets the requirements for the Working Group's evaluation, as well as a timeline for submitting a preliminary evaluation report.<sup>1</sup> The Working Group is charged with reporting on the following:

1. An assessment of the number and status of persons who have been recommended for a Housing Conservatorship, evaluated for eligibility for a Housing Conservatorship, and/or conserved under Chapter 5;
2. The effectiveness of these conservatorships in addressing the short- and long-term needs of those persons, including a description of the services they received;
3. The impact of conservatorships established pursuant to Chapter 5 on existing conservatorships established pursuant to Division 4 of the California Probate Code or Chapter 3 of the California Welfare and Institutions Code, and on mental health programs provided by the City;
4. The number of detentions for evaluation and treatment under WIC §5150 of the California Welfare and Institutions Code that occurred in San Francisco during the evaluation period, broken down by the type of authorized person who performed the detention (e.g., peace officer or designated member of a mobile crisis team); and
5. Where a detention for evaluation and treatment under WIC §5150 was performed by a peace officer, an explanation as to why the peace officer was the appropriate person to perform the detention.

## Report Summary

This report provides context on the background and implementation of the San Francisco Housing Conservatorship Program, as well as an overview of key partners and eligibility criteria. To the extent possible, the report includes findings available to address the evaluation requirements above.

This is the third Housing Conservatorship evaluation report, and at the end of Fiscal Year 2021/22, there were two people being served by the Housing Conservatorship pilot, with both individuals having transitioned to LPS Conservatorship since that time. Services provided include psychiatric respite, intensive case management,

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<sup>1</sup> Evaluation requirements are outlined in Sec. 5.37-1 – 5.37-5 of San Francisco's Administrative Code: <https://sfbos.org/sites/default/files/o0108-19.pdf>

psychiatry and medication management, peer support, and remaining in housing with intensive wrap around services.

Since this program launched, four petitions have been filed with the court, and a total of three individuals have been placed on a Housing Conservatorship. As such, the impact and effectiveness of the program are limited. This report also builds upon the baseline exploration of the findings from prior annual evaluations—including an estimate of WIC §5150 holds in Fiscal Year 2021/22—as well as insights into the conditions for ongoing data collection, tracking, and analysis.

# Introduction

In September 2018, California Governor Jerry Brown signed Senate Bill 1045 (SB 1045), the Housing Conservatorship Program, into law. SB 1045 created a five-year mental health conservatorship pilot program for adults with serious mental illness and substance use disorder treatment needs who meet strict eligibility requirements, with a focus on providing housing and wraparound services.

SB 1045 was revised in October 2019 when Governor Newsom signed Senate Bill 40 (SB 40) into law. SB 40 made technical amendments to SB 1045, including adding a Temporary Conservatorship requirement, clarifying the role of Assisted Outpatient Treatment (AOT), including additional due process protections, and reducing the length of the conservatorship to six months. San Francisco Mayor London Breed and the Board of Supervisors authorized local implementation of SB 1045 in the City and County of San Francisco in June 2019 and established a Housing Conservatorship Working Group to evaluate the effectiveness of the pilot program.

This report provides an overview of San Francisco's Housing Conservatorship pilot and an annual evaluation update based on the requirements outlined in Chapter 5 of San Francisco's Administrative Code (Sec. 5.37-1 – 5.37-5). At the end of Fiscal Year 2021/22, there were two people being served by the Housing Conservatorship pilot, with both individuals still under a conservatorship. Since this program launched, four petitions have been filed with the court, and a total of three individuals have been placed on a Conservatorship. As such, the impact and effectiveness of the program are limited.

## The San Francisco Housing Conservatorship Program

The intent of Housing Conservatorship is to help people who are deemed unable to care for their health and well-being due to co-occurring serious mental illness and substance use disorder, and to treat individuals with the least restrictive and most clinically appropriate intervention needed for the protection of the person.

As of October 2022, San Francisco's Office of the Public Conservator currently oversees the care of 652 individuals under existing law, the Lanterman-Petris-Short Act (LPS). The LPS Act went into full effect in 1972 and provides counties with the ability to seek conservatorship of individuals who are considered gravely disabled due to serious mental illness or chronic alcoholism. Conservatorship under LPS does not provide for mental health conservatorship due to the impacts of substance use disorder, outside of alcohol. Housing Conservatorship creates a new type of mental health conservatorship for these individuals who are not currently covered under existing law.

### Eligibility

To qualify for conservatorship, a process authorized through court proceedings, an individual must be dual-diagnosed with a serious mental illness and with a substance use disorder as defined by the law, and received evaluation for a psychiatric emergency eight or more times in a 12-month period under an

involuntary hold under California Welfare and Institutions Code (WIC) §5150.<sup>2</sup> In addition, the individual must have been provided with opportunities to engage in voluntary treatment, and the Office of the Public Conservator must determine through their initial investigation and prior to submitting a petition to the court, that a Housing Conservatorship is the least restrictive intervention for the protection of the individual. At the time that the Housing Conservatorship pilot was authorized for implementation in San Francisco, the Department of Public Health estimated approximately 50-100 individuals eligible under the criteria above.

## **Referral and Engagement**

A person may be referred for an evaluation to determine eligibility for Housing Conservatorship by the Sheriff, Director of Health, Director of the Human Services Agency, or their designees. Directors of agencies that provide comprehensive evaluation or facilities that provide intensive treatment, such as hospitals that perform psychiatric evaluations, may also refer an individual if the individual meets the eligibility criteria.

Housing Conservatorship in San Francisco is designed to maximize engagement in voluntary treatment and other appropriate housing options before the Office of the Public Conservator submits a petition for conservatorship. This commitment has allowed for the diversion of multiple individuals away from conservatorship by linking individuals to housing, intensive case management and outpatient behavioral health care, and residential treatment. This element of the Conservatorship exceeds current laws and practices under LPS conservatorships. Housing Conservatorship includes due process protections and the right to be represented by the Public Defender. Housing Conservatorships will terminate after six months unless there is a demonstrated, continued need for conservatorship services. The Office of the Public Conservator is required to submit a report to the court every 60 days to demonstrate the continued need for conservatorship. Furthermore, the Office of the Public Conservator must request termination of the conservatorship before the expiration date if the person's condition no longer warrants it. Like LPS conservatorship, persons will be provided with an individualized treatment plan, including wrap-around services, trauma-informed and gender responsive treatment, and placement in a setting that is appropriate to meet their service needs. After exiting Housing Conservatorship, the Department of Homelessness and Supportive Housing will provide permanent supportive housing to individuals who are able to live in an independent level of care. It should be noted that these cases are particularly complex, with a high rate of conserved individuals experiencing homelessness and a relative shortage of housing available to those generally in need in San Francisco.

## **Housing Conservatorship Partners**

San Francisco's Housing Conservatorship pilot is designed to be a collaborative and responsive program regarding both implementation and oversight. Key partners include:

### **Public Conservator**

The Office of the Public Conservator is responsible for investigating all referrals for the Housing Conservatorship program and determining that individuals who are referred meet the strict program requirements. The City Attorney will represent the Public Conservator in court for the Housing Conservatorship program. The Public Conservator has established a specialized unit within the program's team of clinicians that will have responsibility for closely overseeing all individuals who are

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<sup>2</sup> A WIC §5150 hold is issued to individuals who present an imminent danger to themselves or others, or are gravely disabled due to a mental disorder.

served by the Housing Conservatorship program.

### Care Team

Implementation of the Housing Conservatorship pilot leverages existing Care Team staff from the City's Assisted Outpatient Treatment (AOT) program, including a program manager (psychologist), three clinicians, and two team members to provide peer and family support.

### Working Group

In compliance with the Administrative Code, the City and County of San Francisco has created a Housing Conservatorship Working Group to evaluate the effectiveness of the pilot implementation. The Working Group is tasked with submitting annual reports to the Board of Supervisors, Mayor's office, and the State Legislature. Facilitation and administration of the Working Group is managed by San Francisco's Department of Public Health. The Working Group is comprised of 12 members, appointed as follows:

- *Vacant*, Seat 1, representative of disability rights advocacy groups, appointed by the Mayor
- Jessica Lehman, Seat 2, representative of disability rights advocacy groups, appointed by the Board of Supervisors
- Simon Pang, Seat 3, representative of labor unions, appointed by the Mayor
- Jennifer Esteen, Seat 4, representative of labor unions, appointed by the Board of Supervisors
- Rachel Berman, Seat 5, representative of organizations providing direct services to homeless individuals or families, appointed by the Mayor
- Sara Shortt, Seat 6, representative of organizations providing direct services to homeless individuals or families, appointed by the Board of Supervisors
- Dr. Mark Leary, Seat 7, an employee of a hospital located in San Francisco with experience in mental health and substance use disorders, appointed by the Director of Health
- Marlo Simmons, Seat 8, an employee of the Behavioral Health Services program of the Department of Public Health, appointed by the Director of Health
- Jose Orbeta, Seat 9, an employee of the Department of Public Health, appointed by the Director of Health
- Jill Nielsen, Seat 10, an employee of the Human Services Agency, appointed by the Director of the Human Services Agency
- Nikon Guffey, Seat 11, an employee of the Department of Homelessness and Supportive Housing, appointed by the Director of the Department of Homelessness and Supportive Housing
- *Vacant*, Seat 12, an employee of the San Francisco Police Department, appointed by the Chief of Police

## Other Partners

San Francisco's Housing Conservatorship pilot leverages key partners from across the local system of care, and individuals will have access to a wide range of services that are responsive to their treatment needs. Key partners include the courts, the Public Defender's Office, the City Attorney's office, the Department of Disability and Aging Services, Zuckerberg San Francisco General Hospital, and the Department of Public Health's Whole Person Care program.



# Housing Conservatorship Evaluation

Central to the launch of San Francisco’s Housing Conservatorship pilot is ongoing and informative evaluation, designed to gauge the success of the program as it develops and highlight opportunities for enhancement. The following sections of this report summarize the pilot’s evaluation requirements, as well as corresponding methods.

## Evaluation Requirements

SB 40 and the San Francisco Administrative Code (Sec. 5.37-1 – 5.37-5) have charged the Housing Conservatorship Working Group with managing an evaluation of the pilot’s overall effectiveness. According to the San Francisco Administrative Code, annual evaluation reports to the Mayor and Board of Supervisors are to include the following findings:

1. An assessment of the number and status of persons who have been recommended for a Housing Conservatorship, evaluated for eligibility for a Housing Conservatorship, and/or conserved under Chapter 5;
2. The effectiveness of these conservatorships in addressing the short- and long-term needs of those persons, including a description of the services they received;
3. The impact of conservatorships established pursuant to Chapter 5 on existing conservatorships established pursuant to Division 4 of the California Probate Code or Chapter 3 of the California Welfare and Institutions Code, and on mental health programs provided by the City;
4. The number of detentions for evaluation and treatment under WIC §5150 of the California Welfare and Institutions Code that occurred in San Francisco during the evaluation period, broken down by the type of authorized person who performed the detention (e.g., peace officer or designated member of a mobile crisis team); and
5. Where a detention for evaluation and treatment under WIC §5150 was performed by a peace officer, an explanation as to why the peace officer was the appropriate person to perform the detention<sup>3</sup>.

In order to promote the efforts of the Working Group and ensure a high-quality, objective evaluation, the Department of Public Health and Department of Disability and Aging Services have contracted with Harder+Company Community Research to lead the evaluation as an external partner. Harder+Company has worked closely with the Working Group to review the requirements of this evaluation, discuss appropriate evaluation methods, and develop protocols to gather necessary data and feedback from partners.

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<sup>3</sup> This annual evaluation meets the reporting requirements set out in San Francisco’s Administrative Code. For a full list of annual reporting requirements, including those outlined in SB 40, please see Appendix B.

## Evaluation Methods

Methods for this evaluation were designed in collaboration between Harder+Company Community Research, the Department of Public Health, and the Department of Disability and Aging Services, with input from the Housing Conservatorship Working Group. These evaluation methods were selected to address the evaluation requirements set out in local San Francisco ordinance, as well as in SB 40:

- **Analysis of client-level data.** Evaluation of the Housing Conservatorship pilot's effectiveness at the individual level will be largely determined using client-level data gathered from multiple local agencies. Using descriptive and inferential statistical analysis, these data will be used to examine changes in client outcomes and the overall demographic landscape of those conserved.
- **Analysis of population-level data.** One of the potential indicators of the Housing Conservatorship pilot's impact is the presence of any change in the total number of WIC §5150 evaluations and detentions across San Francisco. The pilot's evaluation will track population-level counts of 5150s over time, beginning with Fiscal Year 2018-19<sup>4</sup>.
- **Provider feedback.** The evaluation team sent an online survey to 17 service providers who had been directly involved in the program. The goal of this was to gather impressions of the pilot. Seven individuals responded to the survey, providing overall feedback on the pilot. Given the small sample size, findings cannot be generalized to all service providers involved in the program.
- **Individual client interviews.** The working group felt that feedback from people directly affected was very important to include in the evaluation. The evaluation team attempted to conduct interviews with the two individuals conserved under the San Francisco Housing Conservatorship in order to gauge overall experience and attitude toward the pilot program. While both individuals were engaged in interviews, given their level of impairment, the evaluation team was unable to yield any information to include in this report.

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<sup>4</sup> 5150 estimates do not include data from all psychiatric units and emergency departments in San Francisco. These limitations are detailed further in the following section.

## Evaluation Findings

This section details, to the extent possible, the evaluation findings required by San Francisco Administrative Code.

### Conserved Individuals and System-Level Impact

Evaluation requirements 1-3 outlined in San Francisco Administrative Code (Sec. 5.37-1 – 5.37-5) call for reporting on the number and status of conserved individuals, the overall effectiveness of their conservatorships, and the broader impact of the Housing Conservatorship pilot on existing services in San Francisco.

1. An assessment of the number and status of persons who have been recommended for a Housing Conservatorship, evaluated for eligibility for a Housing Conservatorship, and/or conserved under Chapter 5.
2. The effectiveness of these conservatorships in addressing the short-term and long-term needs of those persons, including a description of the services they received.
3. The impact of conservatorships established pursuant to Chapter 5 on existing conservatorships established pursuant to Division 4 of the California Probate Code or Chapter 3 of the California Welfare and Institutions Code, and on mental health programs provided by the City.

1 new petition for housing conservatorship was filed during the Fiscal Year 2021-22. 2 people were conserved under Chapter 5 at the end of the fiscal year.

Conservatees have access to the complete range of services offered by the Department of Public Health. Services provided to current persons conserved include psychiatric respite, intensive case management, psychiatry and medication management, peer support, and remaining in housing with intensive wrap around services. Both individuals have seen transitioned from Housing Conservatorship to LPS Conservatorship and continue to be served. One conservatee was engaged in behavioral health care prior to conservatorship.

The Department of Public Health and Department of Disability and Aging Services takes a client-centered and recovery-oriented approach in supporting individuals. Service planning is individualized and, whenever possible, includes the conservatee. Planning includes partnering with existing providers, the hospital, and Placement Team to determine the needs and appropriate resources to stabilize persons conserved pursuant to Chapter 5 and how best to support them. This is reviewed regularly (at least every 60 days as required) to ensure that an individual's needs are being met and they are placed at the least restrictive setting.

The low number of petitions filed in FY 2021-22 is contributed in part by San Francisco's commitment to providing a range of voluntary services, which include appropriate housing options. However, barriers to implementation identified by the Working Group and city teams have also included limited referrals received from partners, extensive noticing and documentation requirements, a high level of patient's rights protections, and challenges receiving confidential patient records from private hospitals (which are required prior to commencing the formal noticing process for individuals on the pathway towards conservatorship).

### Consumer and Collaborative Partners Feedback

Feedback from collaborative partners and consumers was limited. Seven service providers, including a conservator, court official, hospital worker, and social worker, responded to the online survey to provide overall reflections on the pilot program. Four of the individuals (57%) reported having referred someone to the

housing conservatorship program. Most respondents (87%) reported that the program as a whole was not at all effective, including not bring effective in reducing cycling through behavioral health crises. However, most said that the program was supportive in helping people with behavioral health and substance use needs and reduces deterioration in the community (57% respectively).

The evaluation team invited the two conserved individuals to participate in telephone interviews. However, due to their level of impairment, the interviews did not yield any data to include in this report.

### WIC §5150 Evaluations in San Francisco

The evaluation requirements outlined in San Francisco Administrative Code (Sec. 5.37-1 – 5.37-5) also call for reporting on the total number of WIC §5150 detentions performed during the evaluation period, broken down by the type of authorized person who performed the detentions:

1. The number of detentions for evaluation and treatment under WIC §5150 of the California Welfare and Institutions Code that occurred in San Francisco during the evaluation period, broken down by the type of authorized person who performed the detention (e.g., peace officer or designated member of a mobile crisis team); and
2. Where a detention for evaluation and treatment under WIC §5150 was performed by a peace officer, an explanation as to why the peace officer was the appropriate person to perform the detention.

This annual evaluation report includes available data on WIC §5150 detentions performed in San Francisco during Fiscal Year 2021-22. This population-level data will be used in subsequent annual evaluations as a comparison to examine any change in the total number of WIC §5150 evaluations and detentions across San Francisco. The comparison of data points before and after the implementation of the Housing Conservatorship pilot may be one useful way to measure the impact of the program.

Data on the total number of WIC §5150 evaluations and detentions that occurred in San Francisco during Fiscal Year 2021-22 is derived from two primary sources: (1) The EPIC electronic health records, which tracks the individuals seen at Zuckerberg San Francisco General Hospital's Psychiatric Emergency Services (PES) department, and (2) direct outreach to local hospitals treating individuals placed on WIC §5150 holds.

**EPIC data.** Records retrieved from the EPIC electronic health record indicate a total of 2,501 WIC §5150 holds at PES in Fiscal Year 2021-22, attributed to 1,985 unique individuals. Most individuals identified as male (66%), and the highest reported age range was 30-39 years old (31%). As in the previous years, individuals identifying as Black/African American were significantly overrepresented within the population assessed at PES (29%).

Individuals seen at PES in Fiscal Year 2021-22 had an average of 2.0 visits per person and 83% utilized emergent medical services over the course of the year. In terms of connections to care, 26% had an identified medical home, 15% had an assigned intensive case manager, 37% were connected to a non ICM mental health provider, 4.6% were being served under an LPS conservatorship, and while 64% are known to have experienced homelessness in the last year only 31% had been assessed for Coordinated Entry. This speaks to the critical need for improving connections to ongoing behavioral health care and housing to support individuals experiencing behavioral health crises.

In total, 425 of these individuals were detained at PES *at least* twice over the

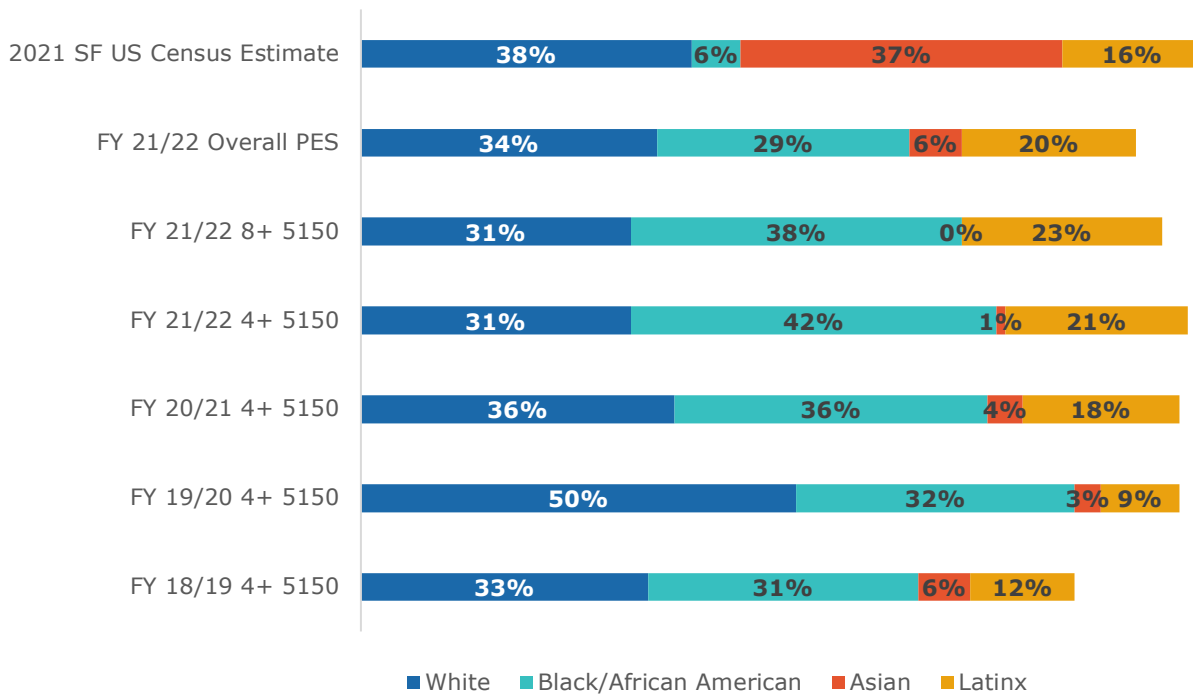
#### WIC §5150 Detentions

Partial estimate of population-wide WIC §5150 holds in San Francisco for Fiscal Year 2021-22: **13,669\***

\*Includes data on total instances from Psychiatric Emergency Services at Zuckerberg San Francisco General Hospital, and from five local medical centers

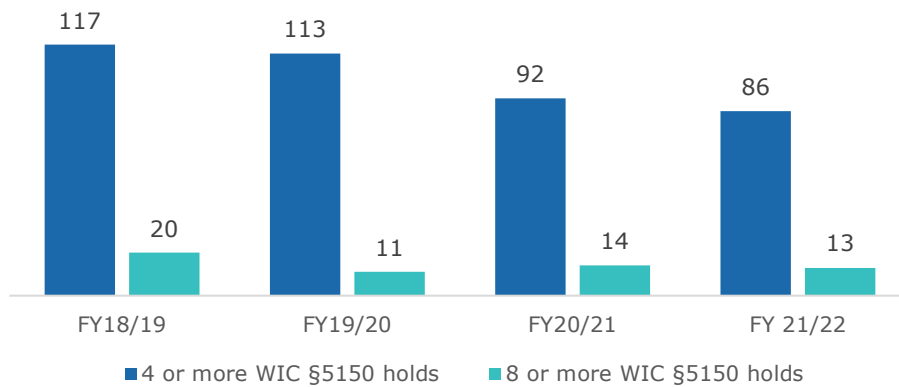
course of the year, 86 individuals were detained four or more times, and 13 were detained eight or more times under WIC §5150. Black/African American individuals are significantly overrepresented among individuals with 4 or more WIC §5150 holds (42%) and even more so among individual with eight or more (50%) in comparison to the overall population of San Francisco which is estimated to be 6% (see Exhibit 1).

**Exhibit 1. Racial/ethnic demographic comparison (four most common categories) of individuals with four or more WIC §5150 detentions over the last four fiscal years, individuals with eight or more WIC §5150 detentions, the overall PES population, and of San Francisco**



Compared to the last three years, the number of individuals with 4 or more WIC §5150 holds in San Francisco has decreased over time, from 117 individuals in Fiscal Year 2018/19 to 86 individuals in Fiscal Year 2021-22. While the number of individuals with 8 or more WIC §5150 has also gone down slightly when comparing across the four years, there has been a modest increase from last year (see Exhibit 2).

**Exhibit 2. Number of individuals with WIC §5150 holds over time**



**Local hospital data.** To compile a more comprehensive estimate of WIC §5150 holds across San Francisco, outreach was conducted with several local providers through the Hospital Council of Northern and Central California. In addition to PES, five hospital systems shared *aggregated* WIC §5150 totals for Fiscal Year 2021-22 (i.e., estimated totals did not include unique identifiers that could be matched across hospitals): California Pacific Medical Center; Kaiser Permanente; Saint Francis Memorial Hospital; Saint Mary’s Medical Center; and the University of California, San Francisco. In total, these five providers reported 11,168 WIC §5150 holds. While this count is an increase from last year, the difference is likely attributable in notable part to the inclusion of additional hospital data this year compared to last year where the estimate as an aggregate of four hospital systems.

Data received from local hospitals is de-identified and aggregated, therefore it is not possible to ascertain the number of unique *individuals* detained under WIC §5150 in their facilities. Additionally, data did not include information related to demographics, homeless status, or other characteristics. However, combining the total count of detentions with that retrieved from EPIC provides a somewhat robust estimate of citywide WIC §5150 detentions. Although hospitals in the city are required to submit data as part of this collaborative program, the data sharing process is currently being refined. SFPDH and the program implementation team is actively working with the Hospital Council of Northern California to address gaps in data sharing for ongoing coordination of care opportunities.

**Exhibit 3. Partial total of WIC §5150 detentions that occurred in San Francisco during the evaluation period**

| Data Source                                      | Unique Individuals | Total 5150 Count |
|--|--------------------|------------------|
| SFPDH: Coordinated Care Management System (CCMS) | 1,642              | 2,501            |
| Local hospital systems                           | -                  | 11,168           |
| <b>Total WIC §5150 detentions</b>                | -                  | <b>13,669</b>    |

Improving the quality and consistency of data compiled from local hospitals, as well as the total number of hospitals reporting data, in an ongoing aim of the evaluation. Moving forward, getting towards a more precise count of WIC §5150 holds across San Francisco will require a streamlined workflow, with involvement from multiple partners. Continued efforts to resolve these limitations are discussed

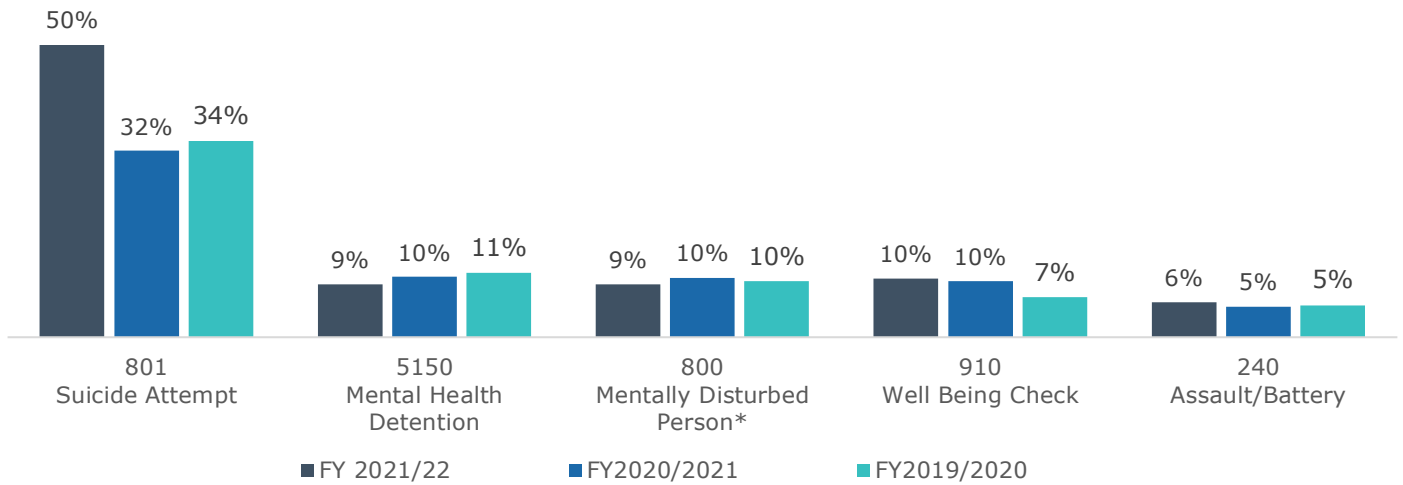
further in the final section of this report.

### **Peace Officer Involvement in WIC §5150 Evaluations**

In addition to tracking the total number of WIC §5150 holds in San Francisco, the Administrative Code (Sec. 5.37-1 – 5.37-5) charges the evaluation with further examining instances where peace officers were involved, to address the question of why a peace officer was the appropriate individual to respond to these cases. Reporting on this question is especially relevant with the launch of the Street Crisis Response Team (SCRT) through the Mental Health SF legislation that offers an alternative to peace officer involvement in behavioral health crises across San Francisco.

To explore the issue of officer involvement in holds and detentions, the Fiscal Year 2021-22 Housing Conservatorship evaluation includes records of all 2,481 WIC §5150 detentions initiated by San Francisco Police Department (SFPD). One method of exploring whether an officer-involved WIC §5150 detention was appropriate, is to examine the reasons the calls were placed to emergency services. Among all 911 emergency service calls handled by SFPD that ended in a WIC §5150 detentions, half of these calls were placed because of a suicide attempt. The five most frequent call reasons from the sample are displayed below, along with their official codes from the computer aided dispatch (CAD) system (see Exhibit 4). These top five call types constitute approximately four-fifths (84%) of the total sample. Comparison to the previous fiscal year demonstrates a similar distribution of emergency service call types received and designated to SFPD, with an exception for an increase in calls due to suicide attempt.

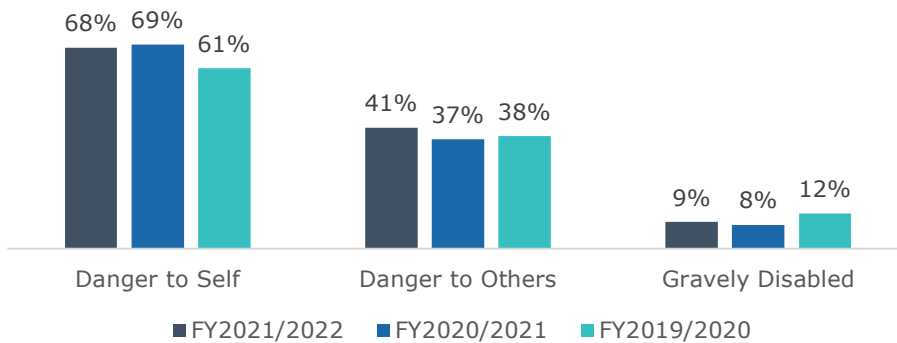
**Exhibit 4. Five Most Common Reasons for Calls to Emergency Services Resulting in a Detention, with CAD Codes, FY 2021/22, FY2020/21 and FY2019/20**



*Note: The term "mentally disturbed person" does not have a clear definition and is widely considered offensive and outdated, but it appears as it is included in current CAD codes.*

The Working Group also reviewed peace officers’ stated reason for performing WIC §5150 detentions, as another potential proxy for appropriateness of their involvement (see Exhibit 5). More than two-thirds of the detentions were made because the officers involved determined the detained individuals to be a danger to themselves. Slightly over two-fifths were deemed a danger to others, and 9% were determined to be gravely disabled. Data show similar trends from the prior fiscal year, with a slight increase in the percentage of officer involved detentions stated as individuals to be a danger to themselves.

**Exhibit 5. Officers’ Justification for Performing Detentions\***



**\*Totals exceed 100% because some individuals were detained under multiple justifications (e.g., danger to self and others)**

While the CAD code summarizing the reason for each call to emergency services and officers’ stated evidence for performing the detentions stated offer some insight into reasons for the WIC §5150 detentions, these data likely do not offer a full picture of events leading up to calls, or callers’ specific descriptions of incidents. Emergency services calls made through 911 are often responded to by SFPD who are designated to these calls. New programs through Mental Health SF and other city initiatives, including the Street Crisis Response Team, offer an opportunity to identify alternative responses to individuals experiencing a behavioral health crisis



in the community.

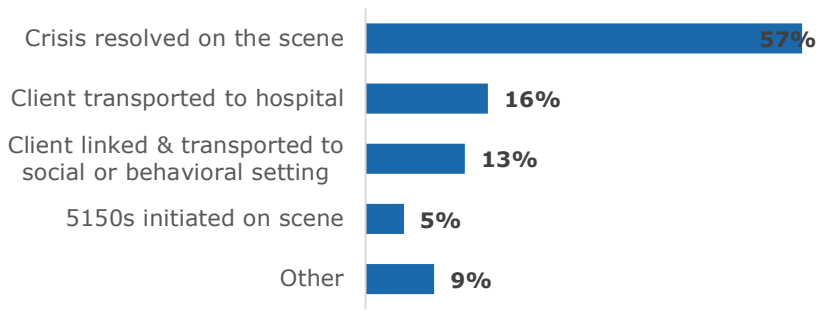
### **Street Crisis Response Team Involvement in WIC §5150 Evaluations**

Through the Mental Health SF (MHSF) initiative, efforts are underway to identify needs and alternatives to police officer involvement in behavioral health crises. One such alternative under the MHSF initiative is the Street Crisis Response Team (SCRT), a pilot program launched in November 2020 designed to help people who are experiencing a behavioral health crisis. Each SCRT team consists of community paramedics, behavioral health clinicians, and behavioral health peer specialists who are dispatched from 911 calls that are coded as 800b or calls that involve a “mentally disturbed person” where there is no active violence or a weapon present.

From November 2020 to November 2022, SCRT handled a total of 13,563 calls. SCRT also received 91% of all 911 emergency calls that were classified by the CAD code as calls dispatched to for individual in a behavioral health distress with no weapons involved.

Data for SCRT also includes client engagement outcomes. From the 6,913 client engagements by SCRT in Fiscal Years 2020/21 and 2021/22, over half (57%) were resolved on the scene with the client remaining safely in the community. Some clients were also transported to the hospital or linked and transported to a social or behavioral setting (29% respectively) and finally 5% of all SCRT client engagement resulted in a 5150 on the scene.

**Exhibit 6. Street Crisis Response Team Client Engagement Outcomes**



These data on the number of calls handled and client outcomes altogether point to SCRT’s successes. With planned increases in capacity and engagement, SCRT will continue to be a promising alternative to peace officer involvement and add to efforts in San Francisco to identify and provide less restrictive service and treatment options for individuals in need of care.

# Pilot Reflections

With only three individuals conserved throughout the program, it is difficult to draw meaningful conclusions about the effectiveness of the Housing Conservatorship pilot. San Francisco's commitment to providing voluntary treatment and services, as well as appropriate housing options, has likely contributed to the low number of conservatorships. Additionally, there were barriers to implementation that will be discussed further below.

## Working Group Considerations

At the time of the Housing Conservatorship preliminary report's submission, in January 2020, members of the Working Group identified a select list of issues and considerations that were then memorialized in the report. This section contains an overview of each of these topics, an update on progress made in the last two years, and a discussion of next steps when applicable. The issues and considerations of note are as follows:

- **Obstacles for implementation:** Working group members noted obstacles to implementation including requirements for detailed documentation from hospitals as outlined in Senate Bill 40, requirements for noticing individuals, and hospital participation. Although these strict requirements were intentionally added to the legislation to protect people's rights and recognize racial disparities, the limitations of the existing legislation have led to insurmountable obstacles to fully realize the intent of the Housing Conservatorship Program and serve those who meet criteria.
- **Data collection limitations:** Limitations around data collection on WIC §5150 holds from *all* local hospitals and emergency departments in San Francisco limits the Working Group's ability to determine effectiveness of the Housing Conservatorship pilot and to analyze needs at a holistic level. SFPDPH continues to work closely with the Hospital Council of Northern and Central California to establish working relationships with local medical centers and gather as much data as possible from individual hospitals. In the time since the preliminary report's submission, data on WIC §5150 holds was received from five additional hospital systems. While untracked records of WIC §5150 holds undoubtedly still exist across San Francisco, the partial tally included in this year's report represents the most accurate estimate to date. As of January 1, 2023, two pieces of legislation went into effect that will support data sharing at a population and client level, including Senate Bill 929 and Assembly Bill 2242. SFPDPH is working to update delegated agreements and memorandums of understanding with all local hospitals to support care coordination and data sharing efforts.
- **Law enforcement data:** To fully respond to the evaluation requirement that calls for explaining why a peace officer was the most appropriate person to execute a WIC §5150 hold, further data should be extracted from existing police records. In addition to an analysis of SFPD incidents resulted in WIC §5150 holds, this annual report summarizes preliminary findings from SCRT's involvement with responding to behavioral health related emergency calls. As the San Francisco Police Department is responding to calls initiated by 911 in most situations, this area of opportunity should be revisited as city initiatives are fully implemented.

**Silos across departments:** In the past year, Working Group members have engaged in in-depth discussion around voluntary service engagement, overall outreach strategies, the role of housing placement in the overall service model, and if there is a way to systematically ensure consistent offering of voluntary services and housing. Members of the Housing Conservatorship Care Team have worked to engage individuals who may be eligible for services, offering less restrictive options whenever possible including the offer of voluntary services. Twenty-nine such individuals have been connected to AOT for treatment. Working Group Members have also highlighted the impact of a systemic lack of affordable housing. While not unique to San Francisco, available data indicates high rates of individuals who experience behavioral health crises also experiencing homelessness. This highlights the risk that without access to housing options, it is very challenging to successfully receive behavioral health services, making it likely for individuals to cycle in and out of crisis.

To date, 27 total notices have been delivered to 14 unique individuals, informing them that they are on a potential path to Housing Conservatorship. At the time of this report's submission, there are no petitions for Housing Conservatorship currently awaiting court approval. Care Team members have also worked to educate partners on referral eligibility and pathways, delivering fourteen formal presentations in the past year, and five additional informal sessions.

- **Address racial disparities in §5150 holds.** Racial and ethnic comparison figures suggest an extremely high rate of African American individuals detained under WIC §5150 holds across San Francisco, when compared to the overall demographic characteristics of San Francisco. When this rate is examined within the larger context of a declining number of African Americans residing in San Francisco, the Working Group is concerned that a disproportionate number of African Americans could be conserved under the pilot program. In the last year, the Working Group continued to closely track the extent of racial disparities highlighted in the detentions under WIC §5150, with regard to both single and repeat holds, as well as the risk of unintentional impact of court ordered treatment with communities of color. As with previous reports, African American individuals are significantly overrepresented in the population of those with WIC §5150 holds and among the population served by PES. The Working Group recognizes the racial disparity is symptomatic of long-standing structural discrimination prevalent in our society and systems. These findings affirm the Working Group's commitment to racial equity, not only in future discussions around conserved individuals but also in how future implementation can mitigate bias. The Working Groups identified the following steps to explore this disparity more comprehensively and to introduce programmatic changes to further promote sensitivity against racial bias:
  - Additional data collection to determine whether the population served by Housing Conservatorship disproportionately impacts people of color and especially African American individuals:
    - Continue to monitor race/ethnicity data for individuals placed on a WIC §5150 holds across systems and community-based interventions.
    - Review demographic data for individuals served by Housing Conservatorship and landscape of WIC §5150 holds and those served through other conservatorship programs.

- Continue to support SFDPH data collection efforts from private hospitals in San Francisco, including demographic data, to compare to the demographic data currently available through CCMS
  - Implement engagement strategies to guard against racial bias:
    - Currently, individuals recommended for Housing Conservatorship are provided with written and verbal noticing at the 5th, 6th, and 7th WIC §5150 holds, along with an offer of voluntary services outlining opportunities for voluntary engagement in treatment and services which is based upon a treatment plan involving relevant providers and involved parties. The workgroup recommends that each treatment plan reflects that the team has considered culturally responsive service needs which is then reflected by one or more component in the offer of voluntary services.
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## Appendix A: Housing Conservatorship Fact Sheet

### WHAT IS HOUSING CONSERVATORSHIP?

In September 2018, the California Governor approved Senate Bill 1045 (SB 1045), or the Housing Conservatorship Program, creating a pilot program that allows for the conservatorship of adults with serious mental illness and substance use disorder treatment needs who meet strict eligibility requirements. Housing conservatorship is designed to help individuals who cycle in and out of crisis and are incapable of caring for their health and well-being due to co-occurring serious mental illness and substance use disorder. SB 1045 was revised in October 2019 when California Gov. Gavin Newsom signed Senate Bill 40 (SB 40) into law. SB 40 clarified the role of Assisted Outpatient Treatment, includes a Temporary Conservatorship, and reduces the conservatorship time to six months.

The San Francisco Board of Supervisors and Mayor London Breed authorized local implementation of SB 1045 in the City and County of San Francisco in June 2019, and established a Housing Conservatorship Working Group to evaluate the effectiveness of the implementation of SB 1045.

Conservatorship is an important benefit for people who need a high level of care, and an important tool in the spectrum of services and treatment that the City of San Francisco provides.

### WHO IS HOUSING CONSERVATORSHIP DESIGNED TO HELP?

Housing conservatorship is designed to help individuals who cycle in and out of crisis and are incapable of caring for their health and well-being due to co-occurring serious mental illness and substance use disorder. Additionally, housing conservatorship is only granted if the individual has repeatedly refused appropriate voluntary treatments and is not eligible for other programs including Assisted Outpatient Treatment (AOT, often called Laura's Law) or existing conservatorship options. If placed on a conservatorship, an individual will be provided with individualized treatment in the least restrictive setting to support their path to recovery and wellness and ultimately transition into permanent supportive housing at the end of the conservatorship process.

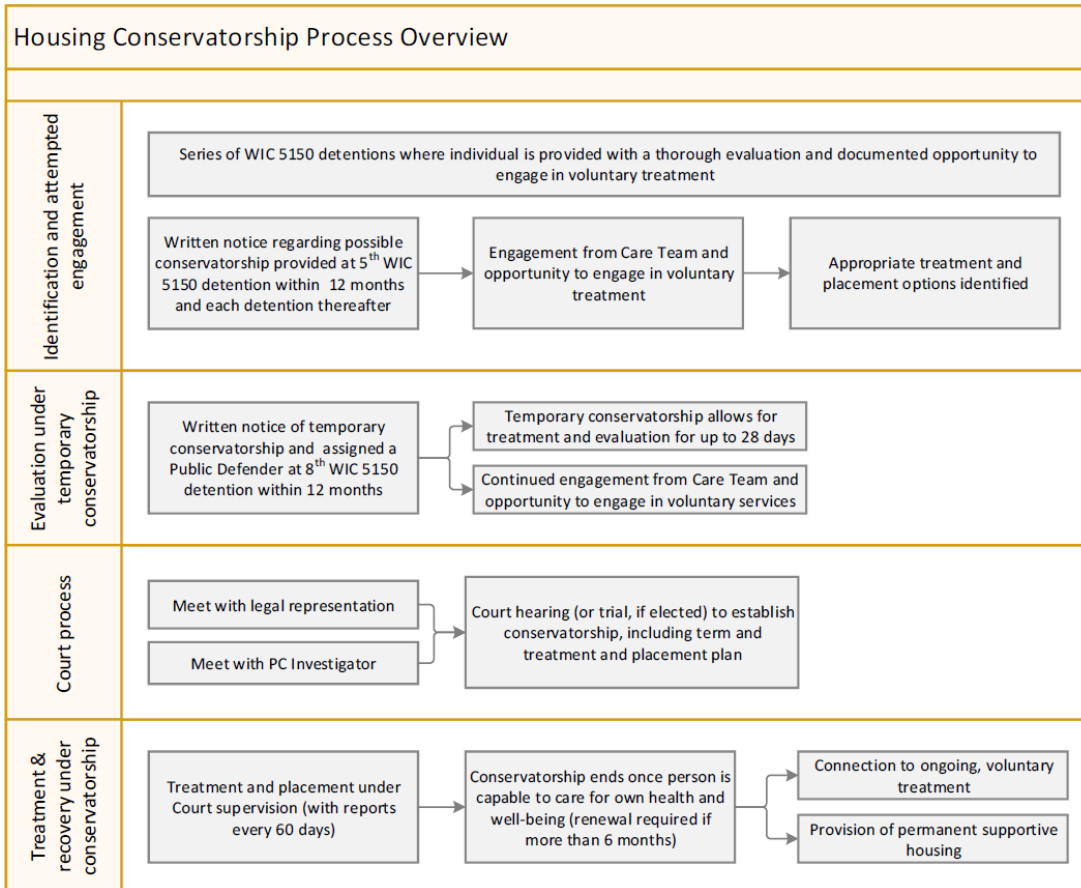
The San Francisco Department of Public Health (SFDPH) estimates that 50 to 100 individuals will be eligible to participate annually. Currently, about 600 individuals are receiving care under conservatorship as provided in existing law, the Lanterman-Petris-Short Act (LPS). LPS conservatorship has been in place since 1972 and does not include substance use disorder as part of the criteria for being conserved.

To be eligible for housing conservatorship, which is authorized through court proceedings, an individual must meet all of the following criteria:

- 1) Be at least 18 years of age;
- 2) Be diagnosed with a serious mental illness as defined by law (WIC 5452(e));
- 3) Be diagnosed with a substance use disorder as defined by law (WIC 5452(f));
- 4) As a result of (2) and (3), the individual has functional impairments or a psychiatric history demonstrating that without treatment it is more likely than not that the person will decompensate to functional impairment in the near future;
- 5) Be incapable of caring for their own health and well-being due to a serious mental illness and substance use disorder;
- 6) Have eight or more 5150 detentions in a 12-month period;

- 7) Have been provided with opportunities to engage in voluntary treatment, including an offer of permanent housing following treatment;
- 8) Assisted Outpatient Treatment has been determined to be insufficient or, as a matter of law, the individual does not meet the criteria for Assisted Outpatient Treatment;
- 9) Conservatorship is the least restrictive option for the protection of the individual.

Under the law, a person may be referred for an evaluation to determine eligibility by the Sheriff, Director of Health, Director of the Human Services Agency, or their designees. Directors of agencies that provide comprehensive evaluation or facilities that provide intensive treatment – such as hospitals that perform psychiatric evaluations – may also refer an individual if they meet the eligibility criteria.



### HOW ARE PATIENTS' RIGHTS PROTECTED?

Housing conservatorship strictly defines patient eligibility criteria in order to ensure appropriate application of the law and to protect individual rights. Housing conservatorship requires at least three opportunities to engage patients in voluntary treatment before a referral for conservatorship is made. San Francisco is committed to ensuring that a voluntary treatment pathway is offered at every point of contact with the behavioral health system. Additionally, housing conservatorship specifically defines the rights of the individual, including due process protections and the right to be represented by the public defender. Further, under housing conservatorship, a person cannot be ordered or forced to take medication.

### **HOW LONG DOES A HOUSING CONSERVATORSHIP LAST?**

Housing conservatorships will terminate after six months unless there is a demonstrated, continued need for conservatorship services. This differs from LPS conservatorships, which terminate after one year unless the Office of the Public Conservator seeks a renewal. In all cases, the court and the person’s care team must end the conservatorship before the expiration date if the person’s condition no longer warrants it.

### **HOW DO PEOPLE GET INTO HOUSING?**

Similar to LPS conservatorship, individuals who are served through the housing conservatorship program will be provided with wraparound care, treatment and housing in a setting that is appropriate to meet their needs. The City is committed to providing care and treatment as well as supportive housing on an ongoing basis, even once the conservatorship has terminated.

### **WHAT MAKES HOUSING CONSERVATORSHIP DIFFERENT FROM OTHER KINDS OF CONSERVATORSHIP?**

An LPS mental health conservatorship is a legal procedure through which the Superior Court appoints a conservator to authorize psychiatric treatment of a person who meets a narrow legal definition of grave disability by reason of a serious mental illness. This procedure is established in the California Welfare and Institutions Code (WIC) as the Lanterman-Petris-Short conservatorship or “LPS,” named after the state assemblyman and senators who wrote the legislation, which went into effect in 1972. In San Francisco, the conservatorship process is a close collaboration of several public agencies. The Office of the Public Conservator is located within the Department of Disability and Aging Services, in the Human Services Agency. The program works closely with the Superior Court and the Department of Public Health to authorize, carry out and oversee treatment for individuals under conservatorship. The program supports overall health and well-being through case management and service coordination.

Senate Bill 1045 fills a gap in current law by creating a new type of conservatorship to serve a small group of people who have been offered but are unable to accept voluntary services due to serious mental illness and substance use disorder.

The definition of “grave disability” that governs the existing LPS mental health conservatorship does not account for the effects of psychoactive substances other than alcohol. This is insufficient in today’s San Francisco, in which many psychiatric emergency encounters involve methamphetamine use. Patients cycle in and out of crisis because once the substance clears from their systems, they are released, often back into a triggering environment where the substance use starts again and leads to behaviors that put them or others in danger. Housing conservatorship seeks to fill this gap by providing an avenue to support these individuals to achieve stability, prevent further deterioration and transition into permanent supportive housing.

### **HOW WILL HOUSING CONSERVATORSHIP BE EVALUATED?**

The Department of Public Health will work with an external evaluator to provide reports to the Housing Conservatorship Working Group and the State of California, in accordance with the Health Code and Welfare and Institutions Code.

For questions or information, please contact [housing.conservatorship-workgroup@sfdph.org](mailto:housing.conservatorship-workgroup@sfdph.org)



## Appendix B: List of Data Points Required for Evaluation

### San Francisco Administrative Code

1. An assessment of the number and status of persons who have been recommended for a Housing Conservatorship, evaluated for eligibility for a Housing Conservatorship, and/or conserved under Chapter 5;
2. The effectiveness of these conservatorships in addressing the short- and long-term needs of those persons, including a description of the services they received;
3. The impact of conservatorships established pursuant to Chapter 5 on existing conservatorships established pursuant to Division 4 of the California Probate Code or Chapter 3 of the California Welfare and Institutions Code, and on mental health programs provided by the City;
4. The number of detentions for evaluation and treatment under Section 5150 of the California Welfare and Institutions Code that occurred in San Francisco during the evaluation period, broken down by the type of authorized person who performed the detention (e.g., peace officer or designated member of a mobile crisis team);
5. Where a detention for evaluation and treatment under Section 5150 was performed by a peace officer, an explanation as to why the peace officer was the appropriate person to perform the detention.

### Senate Bill 40

1. An assessment of the number and status of persons who have been conserved under Chapter 5 (commencing with Section 5450), the effectiveness of these conservatorships in addressing the short- and long-term needs of those persons, and the impact of conservatorships established pursuant to that chapter on existing conservatorships established pursuant to Division 4 (commencing with Section 1400) of the Probate Code or Chapter 3 (commencing with Section 5350) and on mental health programs provided by the county or the city and county;
2. The service planning and delivery process for persons conserved pursuant to Chapter 5 (commencing with Section 5450);
3. The number of persons conserved pursuant to Chapter 5 (commencing with Section 5450) who are placed in locked, acute psychiatric, hospital, rehabilitation, transitional, board and care, or any other facilities or housing types, and the duration of the confinement or placement in each of the facilities or housing types, including descriptions and analyses of the various types of confinement or placements and the types of onsite wraparound or other services, such as physical and behavioral health services;
4. The number of persons conserved pursuant to Chapter 5 (commencing with Section 5450) placed in another county and the types of facilities and the duration of the placements, including the types of onsite wraparound or other services, such as physical and behavioral health services;

5. The number of persons conserved pursuant to Chapter 5 (commencing with Section 5450) by the conserving county who receive permanent supportive housing in any county during their conservatorship, whether permanent supportive housing was provided during the conservatorship, and the wraparound services or other services, such as physical and behavioral health services, provided;
6. The number of persons conserved pursuant to Chapter 5 (commencing with Section 5450) who are able to maintain housing and the number who maintain contact with the treatment system after the termination of the conservatorship, including the type and level of support they were receiving at the time they were conserved pursuant to Chapter 5 (commencing with Section 5450);
7. The number of persons conserved pursuant to Chapter 5 (commencing with Section 5450) who successfully complete substance use disorder treatment programs;
8. The incidence and rate of persons conserved pursuant to Chapter 5 (commencing with Section 5450) who have been detained pursuant to WIC §5150 subsequent to termination of the conservatorship at 6, 12, and 24 months following conservatorship;
9. An analysis of demographic data of persons conserved pursuant to Chapter 5 (commencing with Section 5450), including gender, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, marital status, and sexual orientation;
10. A survey of the individuals conserved pursuant to Chapter 5 (commencing with Section 5450) and an analysis of the effectiveness of the placements and services they were provided while conserved;
11. The substance use relapse rate of persons conserved pursuant to Chapter 5 (commencing with Section 5450) at 6, 12, and 24 months following conservatorship, to the extent this information can be obtained;
12. The number of deaths of persons conserved pursuant to Chapter 5 (commencing with Section 5450) within 6, 12, and 24 months following conservatorship, and the causes of death, to the extent this information can be obtained;
13. A detailed explanation for the absence of any information required in paragraph (11) or paragraph (12) that was omitted from the evaluation.

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