SAN FRANCISCO

Housing Conservatorship
Overview

Pilot program set to sunset December 2023

**Housing Conservatorship is designed to help individuals who:**

- Cycle in and out of crisis;
- Are incapable of caring for health and well-being;
- Have refused multiple offers of voluntary services; and
- Are not eligible for other existing programs such as Assisted Outpatient Treatment (AOT) and LPS conservatorship.
Overview

Housing Conservatorship Criteria includes:

- Be diagnosed with a serious mental illness and substance use disorder;

- Have 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;

- Be incapable of caring for their own health and well-being;

- Have eight or more 5150 detentions in a 12-month period; and

- Have been provided with opportunities to engage in voluntary treatment.
Eligible Population

Number of individuals seen at PES with WIC §5150 holds over time

<table>
<thead>
<tr>
<th></th>
<th>FY18/19</th>
<th>FY19/20</th>
<th>FY20/21</th>
<th>FY21/22</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 or more WIC §5150 holds</td>
<td>20</td>
<td>11</td>
<td>14</td>
<td>13</td>
</tr>
<tr>
<td>8 or more WIC §5150 holds</td>
<td>117</td>
<td>113</td>
<td>92</td>
<td>86</td>
</tr>
</tbody>
</table>
Implementation Update

• Fiscal Year 22/23
  • 1 petition filed for Housing Conservatorship
  • 1 process started, but converted to LPS Conservatorship
  • 12 people received notices that they were on the pathway to Housing Conservatorship
Population (FY20/21)

- 86 individuals had 4+ 5150’s
  - 59% individuals unsheltered
  - 54% have medical urgent/emergent service use
  - 62% contact with the jail
  - 64% assessed for coordinated entry
  - 13% current Conservatorship
  - 45% currently linked to ICM or outpatient BH

- 13 individuals had 8+ 5150’s
  - 31% individuals unsheltered
  - 69% have been assessed by coordinated entry
  - 69% individuals linked to ICM, outpatient BH, or residential treatment
  - 23% individuals under an LPS Conservatorship
<table>
<thead>
<tr>
<th>Requirement</th>
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<tbody>
<tr>
<td>1. Number and status of persons who have been recommended for a Housing Conservatorship, evaluated for eligibility for a Housing Conservatorship, and/or conserved</td>
</tr>
<tr>
<td>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</td>
</tr>
<tr>
<td>3. The impact of conservatorships established on existing conservatorships and on mental health programs provided by the city</td>
</tr>
<tr>
<td>4. The number of detentions for evaluation and treatment under Section 5150 that occurred in SF during the evaluation period, broken down by the type of authorized person who performed the detention</td>
</tr>
<tr>
<td>5. Where a detention 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</td>
</tr>
</tbody>
</table>
Evaluation Requirement #1-3

(1) Number and status of persons recommended for Housing Conservatorship
   • 1 petitions filed during FY21/22
   • 2 people were on a conservatorship at the end of the fiscal year

(2) Effectiveness of these conservatorships in addressing the short and long term needs of those persons
   • These individuals remain under conservatorship, so the effectiveness has yet to be determined.
   • Neither individual was connected with behavioral health services prior to being placed on conservatorship.
   • These individuals have been provided multiple services including: ICM, psychiatry and medication management, psychiatric respite, peer support, and housing with intensive wrap around services

(3) The impact of conservatorships established on existing conservatorships and on mental health programs provided by the city
   • Unable to evaluate impact / not applicable at this time
The number of detentions for evaluation and treatment under Section 5150 that occurred in SF during the evaluation period, broken down by the type of authorized person who performed the detention.

<table>
<thead>
<tr>
<th>Data Source</th>
<th>Unique Individuals</th>
<th>Total 5150 Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>SFDPH: Coordinated Care Management System (CCMS)*</td>
<td>1,642</td>
<td>2,501**</td>
</tr>
<tr>
<td>Local Hospitals***</td>
<td>-</td>
<td>11,168</td>
</tr>
<tr>
<td><strong>Total unduplicated cases</strong></td>
<td>-</td>
<td>13,669</td>
</tr>
</tbody>
</table>

Note: Data includes a significant number of duplicate individuals included in both counts.
*CCMS data represents only those treated at PES
**13 individuals with eight or more 5150s; 426 individuals with more than one 5150
***Includes data from California Pacific Medical Center, Kaiser Permanente, Saint Francis Memorial Hospital, St. Mary’s Medical Center, and UCSF
Summary of race/ethnicity data

*5150 data from Zuckerberg San Francisco General Hospital
Evaluation Requirement #5

Where a detention 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

Data sources:

• Data from SFPD on all officer-involved 5150s in FY2020-21 (2,578 5150 WIC holds)
  • Date and time
  • Reason for emergency call (i.e., call type)
  • Officer's stated reason for 5150
Top six CAD call types*

- **801 Suicide Attempt**: 32% (FY2021/2022), 34% (FY2020/2021), 50% (FY2019/2020)
- **5150 Mental Health Detention**: 9% (FY2021/2022), 10% (FY2020/2021), 11% (FY2019/2020)
- **800 Mentally Disturbed Person**: 9% (FY2021/2022), 10% (FY2020/2021), 10% (FY2019/2020)
- **910 Well Being Check**: 10% (FY2021/2022), 10% (FY2020/2021), 7% (FY2019/2020)
- **240 Assault/Battery**: 6% (FY2021/2022), 5% (FY2020/2021), 5% (FY2019/2020)
- **418 Fight or dispute, no weapons**: 9% (FY2021/2022), 5% (FY2020/2021), 3% (FY2019/2020)
- **222 Person with a knife**: 6% (FY2021/2022), 5% (FY2020/2021), 7% (FY2019/2020)
SFPD Incident Report Data

*Total exceeds 100% because some cases involved multiple justifications*
Email: Housing.Conservatorship-Workgroup@sfdph.org

Website Updates:
https://sf.gov/information/housing-conservatorship
Assisted Outpatient Treatment (AOT)
Assisted Outpatient Treatment

• Commonly known as “Laura’s Law”

• Must be adopted by a county

• Court ordered outpatient treatment for individuals with serious mental illness

• Does not allow for forced treatment or forced medications

• Designed to assist individuals with severe and persistent mental illness who are not engaged in treatment, are deteriorating, and have a history of poor treatment compliance

• Goal of reducing hospitalization, incarceration, and victimization
AOT San Francisco

- Community based, mobile, multidisciplinary, mental health team
- Multiple opportunities to engage in voluntary services
- Whatever it takes approach focused in principles of recovery and wellness

- AOT Care Team
  - Program Director (Psychologist)
  - Program Manager
  - Clinicians
  - Team Members (Peer Specialist, Family Liaison)

- UCSF Department of Psychiatry-Citywide AOT
  - Clinical Supervisor
  - Clinical Case Managers
  - Psychiatrist
  - Peer Specialist
  - Nurse
Referral Source

- Referral sources outlined in the legislation
- Predominantly treatment providers and family members
- Focus on family support
Demographics - Served in FY21/22
Total 85 clients served

Gender

- Female: 45%
- Male: 51%
- Trans: 2%
- Unknown: 2%

Age

- 18-25: 11%
- 26-59: 78%
- 60+: 12%

Race/Ethnicity

- White: 42%
- Black/African American: 26%
- Latinx: 14%
- Asian: 11%
- Other: 7%
- Unknown: 0%
Demographics - Served in FY22/23 (through December 2022)
Total 61 clients served

**Gender**
- Female: 43%
- Male: 56%
- Trans: 3%

**Age**
- 18-25: 17%
- 26-59: 78%
- 60+: 12%

**Race/Ethnicity**
- Black/African American: 28%
- Latinx: 17%
- Asian: 9%
- White: 28%
- Other: 2%
Referral Source

• Referral sources outlined in the legislation

• Predominantly treatment providers and family members

• Focus on family support
Outcomes

- Consistent connections to care
- Few cases require court order
- Few cases require higher level of care
- Overall reductions in negative outcomes
  - Reduced PES contacts
  - Reduced psychiatric hospitalizations
  - Reduced incarcerations
  - Reduced housing instability
Information Sharing and Engagement

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