



COUNTY OF SAN DIEGO

AGENDA ITEM

BOARD OF SUPERVISORS

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DRAFT

XX

DATE: November 17, 2020

TO: Board of Supervisors

SUBJECT

REPORT BACK ON HOUSING CONSERVATORSHIP – A NEW TOOL FOR ADDRESSING SERIOUS MENTAL ILLNESS AND SUBSTANCE USE DISORDER (DISTRICTS: ALL)

OVERVIEW

In 2018, the Governor signed Senate Bill (SB) 1045, which allowed certain counties, including San Diego County, the ability to implement a pilot conservatorship procedure – known as a “housing conservatorship” – for eligible individuals who are unable to care for their own health and well-being due to serious mental illness and substance use disorder. The law was later amended in 2019 by SB 40 (Chapter 467), which added several procedural changes intended to allow participating counties to further tailor their efforts to the target population. In an action brought forward by Supervisor Jacob and Supervisor Fletcher on October 29, 2019 (04), the San Diego County Board of Supervisors (Board) directed the Chief Administrative Officer to develop a conservatorship procedure pilot program, as outlined by SB 1045 and SB 40, and report back to the Board with recommendations for implementation in one year.

As outlined by SB 1045/SB 40, this new housing conservatorship would allow counties to place eligible individuals who routinely end up in emergency rooms, psychiatric facilities, or jail on a conservatorship that focuses on providing supportive housing and intensive wraparound services to keep individuals out of these systems and focus on their health and well-being.

As required by SB 1045/SB 40, each county named in the legislation was to establish a “Housing Conservatorship Working Group” (Working Group) to evaluate the effectiveness of the new conservatorship law in serving conservatees with serious mental illness and substance use disorders. The San Diego County Working Group was established and met to evaluate the requirements of SB 1045/SB 40 and develop recommendations for implementation.

Today’s action presents the Working Group’s findings and a recommendation to continue to build upon existing Care Coordination work through the Behavioral Health Continuum of Care and forgo implementation of SB 1045/SB 40 in San Diego County.

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RECOMMENDATION(S)

CHIEF ADMINISTRATIVE OFFICER

1. Receive an update on developing a housing conservatorship procedure pilot program as directed by the San Diego County Board of Supervisors on October 29, 2019 (04).
2. Accept the recommendation to build upon existing Care Coordination work through the Behavioral Health Continuum of Care and forgo implementation of Senate Bill 1045/Senate Bill 40 in San Diego County.

FISCAL IMPACT

There is no fiscal impact associated with this item. There will be no change in net General Fund costs and no additional staff years.

BUSINESS IMPACT STATEMENT

N/A

ADVISORY BOARD STATEMENT

At their meeting on November 5, 2020, the Behavioral Health Advisory Board voted to

BACKGROUND

In 2018, the Governor signed Senate Bill (SB) 1045, which allowed certain counties, including San Diego County, the ability to implement a pilot conservatorship procedure for eligible individuals who are unable to care for their own health and well-being due to serious mental illness and substance use disorder (SUD). The law was later amended in 2019 by SB 40 (Chapter 467), which added several procedural changes intended to allow participating counties to further tailor their efforts to the target population. In an action brought forward by Supervisor Jacob and Supervisor Fletcher on October 29, 2019 (04), the San Diego County Board of Supervisors (Board) directed the Chief Administrative Officer to develop a housing conservatorship procedure pilot program, as outlined by SB 1045/SB 40, and report back to the Board with recommendations for implementation in one year.

SB 1045/SB 40 was intended to protect individuals experiencing homelessness who have serious mental illness and a co-occurring SUD, who, it was believed, could not be effectively served by existing voluntary services. SB 1045/SB 40 allows for establishment of a new type of conservatorship – referred to as a “housing conservatorship” – for a person who is incapable of caring for their own health and well-being, as evidenced by frequent detention (eight or more in a year) for evaluation and treatment pursuant to Welfare & Institutions Code (WIC) §5150 for the counties of San Francisco, Los Angeles and San Diego County only, as a five-year pilot.

As required by SB 1045/SB 40, each county was to establish a “Housing Conservatorship Working Group” (Working Group) to evaluate the effectiveness of these new conservatorship laws in serving conservatees with serious mental illness and SUD. The County of San Diego (County) convened the Working Group and evaluated the opportunities and challenges in developing and implementing a pilot housing conservatorship procedure in San Diego County per SB 1045/SB 40, and considered existing local resources, services, and plans.

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Barriers and Challenges

During this analysis, several significant barriers were identified in implementing a housing conservatorship program as outlined by these bills.

First, SB 1045/SB 40 narrowly defines the target population as a cohort of persons categorized as frequently detained, having eight or more 72-hour involuntary psychiatric detentions within a twelve-month period. Additionally, counties are responsible for tracking and noticing potential conservatees at their third, fifth, and eighth detentions. At this time, most San Diego County locked psychiatric facilities and acute care hospitals do not share data regarding detainment and 5150 status, and are not legally required to do so. These are crucial elements to tracking this eligibility requirement. Without the ability to accurately track these detentions, it is difficult to determine the true number of people in the county who should be included in the target population. Additionally, because individuals may be treated by many different facilities, it is also difficult to positively identify whether an individual may be eligible for a housing conservatorship using the proposed criteria.

In addition, the Lanterman-Petris-Short Act (LPS Act) created the mental health conservatorship to serve those individuals who are gravely disabled as defined by WIC §5008(h). The term “gravely disabled” refers to a condition in which a person, as a result of a mental disorder, is unable to provide for his or her basic personal needs for food, clothing, or shelters. The existence of a mental disorder does not, in itself, justify a finding of grave disability. At this time, an individual must meet grave disability standards for the Public Conservator to recommend conservatorship. SB 1045/SB 40 disrupts the current system of establishing a conservatorship based on grave disability status and imposes a new conservatorship requiring the existence of SUD. However, hospitals do not currently have authority to detain potential conservatees without a grave disability diagnosis. Therefore, there would be significant legal challenges in both detaining an individual and appointing a conservator for a person using only mental health as a qualifier.

Lastly, the Working Group identified a potential disproportionate administrative burden associated with implementation of the housing conservatorship program. SB 1045/SB 40 expressly states that the enactment of the identified provisions may not result in the reduction of other mental health and conservatorship programs. However, the legislation requires the provision of additional services such as noticing requirements, housing options, and wraparound services. Additional designated staffing would likely be needed for several Health and Human Services Agency departments as well as impact local law enforcement, the Office of the Public Defender, and the Superior Court. However, the State does not allocate new funding to implement these provisions or support additional staffing that would be needed.

Locally in San Diego County, there is no formidable data indicating a sufficient need for this type of conservatorship. It is believed that there would be very few individuals locally that would be able to be considered for this type of conservatorship.

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Recommendation

Based upon these findings, the Working Group recommended continuing to build upon existing Care Coordination work and enhancing current county resources aligned with the broader, transformative efforts occurring within the Behavioral Health Continuum of Care which include:

- Existing HHSA programs including, but not limited to, In-Home Outreach Teams, Assisted Outpatient Treatment, the Drug Medi-Cal Organized Delivery System, Project One For All, Behavioral Health Services (BHS) case management services, and
- Leverage a new Care Coordination service that can meet the needs to serve the identified population of SB 1045/SB 40.

Maintaining the Intent of SB 1045/SB 40 Through Behavioral Health Continuum of Care

In 2018, the Board initiated several actions to enhance, expand, and innovate behavioral health programs and services in the region. This body of work is broadly referred to as the Behavioral Health Continuum of Care (Continuum of Care) with an overarching vision to achieve a transformational shift from a model of care driven by crises, to one driven by chronic or continuous care and prevention through the regional distribution and coordination of resources to keep people connected, stable, and healthy.

All Continuum of Care operational and planned projects are aligned with this vision and as such, support individuals by providing ongoing care in hopes of preventing crisis and frequent detentions which would ultimately minimize the need for conservatorship. Additionally, Continuum of Care planning brings together diverse stakeholders, including justice partners, hospitals, community health centers and other community-based providers, to create system-wide changes and help ensure individuals can quickly access behavioral health services to meet their immediate needs, and support their long-term wellness. Leveraging this body of work and the stakeholders involved is the most effective strategy to serve the identified population of SB 1045/SB 40.

Existing services within the Continuum of Care to support this population include, but are not limited to:

- *In-Home Outreach Teams (IHOT)*
These field-based teams consist of a licensed clinician, case manager, family support specialist, and a peer specialist who work together in linking individuals to treatment and services. Although this coordinated approach is generally successful, there are some participants who remain resistant to engagement and may meet the criteria under Laura's Law adopted by the Board on April 21, 2015 (4). IHOT may refer an individual for a Laura's Law evaluation a licensed mental health clinician and if, after several attempts, engagement efforts have been unsuccessful, a determination will be made if the path to court-ordered treatment is appropriate via referral to the AOT program.
- *Assisted Outpatient Treatment*
AOT is a full service partnership / assertive community treatment (FSP/ACT) program that provides a continuum of services with the goal of improving the quality of life of participants and supporting them on their path to recovery and wellness, as well as preventing decompensation and cycling through acute services (i.e. psychiatric hospitalization) and incarceration. Included in this continuum of services is individual and

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group counseling, peer support, medication management, case management and care coordination, and employment services. The AOT program provides housing that is reflective of the client’s needs and may include immediate, transitional and/or permanent options. A participant who continues to be resistant to treatment may enter the AOT program either voluntarily or through a court process.

- *Drug Medi-Cal Organized Delivery System (DMC-ODS)*
On March 27, 2018 (02), the Board approved the implementation of DMC-ODS to dramatically transform the entire SUD system by offering comprehensive, evidence-based care to support each person’s journey to recovery. The implementation of DMC-ODS, beginning July 1, 2018, provided an unprecedented opportunity to accelerate the integration of SUD specialty care with the mainstream healthcare system to improve access to services and drive better outcomes.
- *Project One For All (POFA)*
POFA is a commitment by the County to provide mental health treatment, paired with housing through partnerships with the community, to people who are homeless and experiencing a serious mental illness. This population is the least likely to be able to secure and maintain housing without intensive assistance and are often frequent users of emergency medical and law enforcement resources. POFA offers intensive outreach, engagement, mental health and co-occurring recovery services, wraparound services, and housing supports to this highly vulnerable population.
- *Case Management*
BHS offers strength-based case management and intensive case management services through County-operated and contracted programs, to serve clients with mental illness. Services are offered countywide to recipients at their place of residence or at their treatment programs. There are five intensive case management services, three of which specifically serve individuals who are homeless and have a serious mental illness. Case management services are also provided to support long-term recovery for individuals at various stages of substance abuse recovery.

Leveraging New Care Coordination Services

The intention of SB 1045/SB 40 reflects that person-centered, longitudinal care coordination is incredibly important and provides an opportunity to implement a more comprehensive system that supports the individual as they move through levels of care. This intent aligns well with current planning of a new Care Coordination service.

Care Coordination is a guiding principle in the Continuum of Care to support clients most in need of continuous services by aiming to use risk-predictive analytics to identify appropriate recipients of care and to reduce the number of hand-offs between providers by offering a single point of contact for clients. This critical point person will be someone whom clients will know and trust and even feel close to, who will see them in their homes, in community settings and all clinical settings alike.

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This point person will assess their needs and goals, and will create a longitudinal care plan extending not just weeks or months but years into the future and who will carry it out through linkages to community resources, through ongoing monitoring and, critically, through access to timely health and social service data organized into a simple and accessible data registry that draws from already established sites where data is aggregated.

Care Coordination Services at Flagship Central Region Hub

In an action initiated by Supervisor Fletcher on March 27, 2019 (09), the Board approved pursuit and development of a flagship Central Region Behavioral Health Hub in the Hillcrest neighborhood in San Diego to provide a variety of behavioral health services, including Care Coordination services. Initially, these services will be established in Central Region by enrolling patients from inpatient psychiatric care at University of California, San Diego’s Hillcrest campus and the San Diego County Psychiatric Hospital. The formal structure of this venture will ultimately accommodate additional partners with the intention of allowing this service to expand to serve other regions.

Given that the San Diego County region has the ability to implement alternative and more comprehensive approaches to address the needs identified in SB 1045/SB 40, the challenges of this legislation outweigh the opportunities. Today’s recommendation seeks to build upon this existing Care Coordination work to address the needs of this vulnerable population and forgo implementation of a new housing conservatorship program per SB 1045/SB 40 in San Diego County.

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

Today’s action supports the Building Better Health and Living Safely initiatives in the County of San Diego’s 2020-2025 Strategic Plan, as well as the County’s *Live Well San Diego* vision, by providing necessary resources and services for individuals with behavioral health needs to lead healthy and productive lives.

Respectfully submitted,

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HELEN N. ROBBINS-MEYER
Chief Administrative Officer

ATTACHMENT(S)

N/A

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AGENDA ITEM INFORMATION SHEET

REQUIRES FOUR VOTES: Yes No

WRITTEN DISCLOSURE PER COUNTY CHARTER SECTION 1000.1 REQUIRED

 Yes No

PREVIOUS RELEVANT BOARD ACTIONS:

January 28, 2020 (03) Update on Advancing the Behavioral Health Continuum of Care Through Regional Collaboration and Innovation; October 29, 2019 (05) Report and Request for Further Actions Regarding County Owned Property at Approximately the 4300 Block of Third Avenue, San Diego, California, APN 444-110-21; October 29, 2019 (04) Conservatorship – A New Tool for Addressing Serious Mental Illness and Substance Use Disorder; March 27, 2019 (09) Establishing a Regional Hub for Behavioral Health Continuum of Care; March 27, 2018 (02) Request Board Authority to Implement Drug Medi-Cal Organized Delivery System; April 21, 2015 (04) Implementation of California Welfare And Institutions Code Sections 5345 Et Seq., Laura’s Law, to Provide Assisted Outpatient Treatment to Persons with Serious Mental Illness.

BOARD POLICIES APPLICABLE:

N/A

BOARD POLICY STATEMENTS:

N/A

MANDATORY COMPLIANCE:

N/A

ORACLE AWARD NUMBER(S) AND CONTRACT AND/OR REQUISITION NUMBER(S):

N/A

ORIGINATING DEPARTMENT: Health and Human Services Agency

OTHER CONCURRENCE(S): N/A

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