


BOARD of SUPERVISORS



City Hall
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: Barbara A. Garcia, Director, Department of Public Health
Jeff Kositsky, Director, Department of Homelessness and Supportive Housing
Trent Rhorer, Executive Director, Human Services Agency
Shireen McSpadden, Executive Director, Department of Aging and Adult Services
William Scott, Police Chief, Police Department
Vicki Hennessy, Sheriff, Sheriff's Department

FROM:  Alisa Somera, Legislative Deputy Director
Rules Committee

DATE: April 30, 2018

SUBJECT: LEGISLATION INTRODUCED

The Board of Supervisors' Rules Committee has received the following proposed legislation, introduced by Supervisor Breed on April 24, 2018:

File No. 180424

Ordinance amending the Administrative Code to establish a three-year pilot project that will provide coordinated care planning for individuals who are frequent users of City social services and other City resources.

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.

c: Greg Wagner, Department of Public Health
Naveena Bobba, Department of Public Health
Sneha Patil, Department of Public Health
Emily Cohen, Department of Homelessness and Supportive Housing
Krista Ballard, Human Services Agency
Bridget Badasow, Department of Aging and Adult Services
Rowena Carr, Police Department
Asja Steeves, Police Department
Theodore Toet, Sheriff's Department
Katherine Gorwood, Sheriff's Department
Nancy Crowley, Sheriff's Department

1 [Administrative Code - Care Coordination Pilot Project]

2
3 **Ordinance amending the Administrative Code to establish a three-year pilot project that**
4 **will provide coordinated care planning for individuals who are frequent users of City**
5 **social services and other City resources.**

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

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

14 Section 1. Chapter 20 of the Administrative Code is hereby amended by adding Article
15 XVII, consisting of Sections 20.17-1 through 20.17-6, to read as follows:

16 **ARTICLE XVII: CARE COORDINATION PILOT PROJECT**

17 **SEC. 20.17-1. FINDINGS.**

18 Over recent years, San Francisco has become home to hundreds of individuals who experience
19 profound challenges due to a history of trauma, poverty, addiction, poor health, and/or untreated
20 mental illness. The majority of these individuals are experiencing homelessness or are at high risk for
21 homelessness. These individuals engage with multiple City departments during the course of the year,
22 as they cycle through San Francisco's hospitals, jails, and social service programs, while often
23 returning to the streets upon release from a hospital, jail, or other institutional setting.

24 San Francisco can and must do a better job of meeting the needs of frequent users of social
25 services by working across departments to coordinate their care. Care coordination will allow

1 departments to be proactive and economical in their approach, and will enable them to anticipate and
2 arrange for services as new needs arise.

3
4 **SEC. 20.17-2. DEFINITIONS.**

5 As used in this Article XVII, the following words or phrases shall mean:

6 “Care Coordination Partners” means the Department of Homelessness and Supportive
7 Housing, the Human Services Agency, including the Department of Aging and Adult Services, and the
8 Police Department.

9 “Department” means the Department of Public Health.

10 “Frequent user of social services” means a person who is chronically homeless, as defined in
11 Section 578.3 of Title 24 of the Code of Federal Regulations, as may be amended from time to time, and
12 who has met any of the following additional criteria on at least five separate occasions during the
13 preceding 12 months:

14 (a) Made a patient visit to a hospital emergency department;

15 (b) Was booked into a San Francisco jail; or

16 (c) Was detained for evaluation and treatment under Section 5150 of the California Welfare
17 and Institutions Code.

18
19 **SEC. 20.17-3. CARE COORDINATION PILOT PROJECT.**

20 (a) The Department shall establish and implement a Care Coordination Pilot Project to
21 align efforts across multiple City departments to better serve the needs of individuals who experience
22 profound challenges due to a history of trauma, addiction, poor health, and/or untreated mental illness.

23 (b) The Department shall use its best efforts to develop an individualized Care Coordination
24 Plan for each Frequent User of Social Services. A Care Coordination Plan shall address the

1 individual's needs for outreach, engagement, housing, health, and social services. In developing Care
2 Coordination Plans, the Department shall consult with the Care Coordination Partners, as necessary.

3 (c) The Department shall coordinate with the Care Coordination Partners to ensure
4 compliance with an individual's Care Coordination Plan, and shall update the Plan as necessary.

5 (d) The Department shall ensure that confidential client information is shared with and
6 between the Care Coordination Partners only as authorized by law.

7 (e) The Care Coordination Partners, and other City departments, shall cooperate with the
8 Department as necessary to achieve the goals of this Section 20.17-3.

9
10 **SEC. 20.17-4. ANNUAL REPORT TO THE BOARD OF SUPERVISORS AND MAYOR.**

11 By October 1 of each year, the Department shall submit to the Board of Supervisors and the
12 Mayor a report describing the number of individuals who received care coordination under the Pilot
13 Project during the prior fiscal year, and estimating the effectiveness of the Pilot Project at connecting
14 Frequent Users of Social Services to supportive housing, and reducing their need for intensive
15 interventions at City hospitals and jails. The first such report is due by October 1, 2019.

16
17 **SEC. 20.17-5. UNDERTAKING FOR THE GENERAL WELFARE.**

18 In enacting and implementing this Article XVII, the City is assuming an undertaking only to
19 promote the general welfare. It is not assuming, nor is it imposing on its officers and employees, an
20 obligation for breach of which it is liable in money damages to any person who claims that such breach
21 proximately caused injury.

22
23 **SEC. 20.17-6. SUNSET PROVISION.**

24 Section 20.17-3 shall expire by operation of law three years after the effective date of the
25 ordinance in Board File No. _____, creating this Article XVII. The remainder of Article XVII,

1 including Section 20.17-4, shall expire on that same date or on the date of submission of the third
2 annual report required under Section 20-17-4, whichever date is later. Upon expiration of the Article
3 in its entirety, the City Attorney shall cause it to be removed from the Administrative Code.
4

5 Section 2. Effective Date. This ordinance shall become effective 30 days after
6 enactment. Enactment occurs when the Mayor signs the ordinance, the Mayor returns the
7 ordinance unsigned or does not sign the ordinance within ten days of receiving it, or the Board
8 of Supervisors overrides the Mayor's veto of the ordinance.
9

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

12 By: 
13 ANNE PEARSON
14 Deputy City Attorney

15 n:\leganas2018\1800431\01270077.docx
16
17
18
19
20
21
22
23
24
25

LEGISLATIVE DIGEST

[Administrative Code - Care Coordination Pilot Project]

Ordinance amending the Administrative Code to establish a three-year pilot project that will provide coordinated care planning for individuals who are frequent users of City social services and other City resources.

Existing Law

Currently, there is no legal requirement that the Department of Public Health develop care coordination plans for individuals who are frequent users of social services and other City resources.

Amendments to Current Law

Under the proposed ordinance, the Department of Public Health would be required to launch a three-year pilot program aimed at coordinating care for individuals who are frequent users of social services and other City resources. A frequent user would be defined as a person who is experiencing homelessness, and who has met any of the following additional criteria on at least five separate occasions during the preceding year:

- Made a patient visit to a hospital emergency department;
- Was booked into a San Francisco jail; or
- Was detained for evaluation and treatment under Section 5150 of the California Welfare and Institutions Code.

As part of the pilot program, the Department would be required to use its best efforts to develop a Care Coordination Plan for each person who meets the definition of a frequent user of social services. A Care Coordination Plan would address the individual's needs for outreach, engagement, housing, health, and social services. In developing Care Coordination Plans, the Department of Public Health may consult with the Department of Homelessness and Supportive Housing, the Human Services Agency, and the San Francisco Police Department, as necessary.

The ordinance would require the Department of Public Health to submit an annual report to the Board of Supervisors and the Mayor describing the number of people who received Care Coordination Plans under the Pilot Project, and estimating the effectiveness of the Pilot Project at connecting these individuals to supportive housing, and reducing their need for intensive interventions at City hospitals and jails.

Background Information

Over recent years, San Francisco has become home to hundreds of individuals who experience profound challenges due to a history of trauma, poverty, addiction, poor health, and/or untreated mental illness. The majority of these individuals are experiencing homelessness or are at high risk for homelessness. These individuals engage with multiple City departments during the course of the year, as they cycle through San Francisco's hospitals, jails, and social service programs, while often returning to the streets upon release from a hospital, jail, or other institutional setting.

San Francisco can and must do a better job of meeting the needs of frequent users of social services by working across departments to coordinate their care. Care coordination will allow departments to be proactive and economical in their approach, and will enable them to anticipate and arrange for services as new needs arise.

n:\legana\as2018\1800431\01270295.docx