

1 [Administrative Code - Urgent Care SF]

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3 **Ordinance amending the Administrative Code to establish Urgent Care SF (“the**

4 **Initiative”), a mental health program designed to provide increased access to mental**

5 **health services, substance use treatment, and clinically appropriate housing to**

6 **homeless individuals with co-occurring mental health and substance use disorders; to**

7 **require the Department of Public Health (“DPH”) to immediately provide services to the**

8 **hundreds of persons with the most acute behavioral health needs, and to expeditiously**

9 **expand services to reach an estimated 4,000 persons; to require DPH to seek recovery**

10 **of a portion of the costs of the Initiative by enrolling eligible participants in federal and**

11 **state health insurance and public benefit programs; to require DPH to submit an annual**

12 **report to the Mayor and the Board of Supervisors outlining the resources required to**

13 **implement the Initiative; and to make it the policy of the City and County of San**

14 **Francisco to promote public safety by deploying police officers on foot and bicycle,**

15 **enforcing laws prohibiting the possession of illegal drugs, and prioritizing the**

16 **enforcement of drug laws against individuals who are offered and have refused the**

17 **opportunity to be taken to a Drug Sobering Center.**

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19 **NOTE:** **Unchanged Code text and uncodified text** are in plain Arial font.

20 **Additions to Codes** are in *single-underline italics Times New Roman font*.

21 **Deletions to Codes** are in *strikethrough italics Times New Roman font*.

22 **Board amendment additions** are in double-underlined Arial font.

23 **Board amendment deletions** are in ~~strikethrough Arial font~~.

24 **Asterisks (\* \* \* \*)** indicate the omission of unchanged Code

25 subsections or parts of tables.

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

1 Section 1. Chapter 15 of the Administrative Code is hereby amended by adding  
2 Section 15.105, to read as follows:

3  
4 **SEC. 15.105. URGENT CARE SF INITIATIVE.**

5 **(a) Findings.**

6 (1) Decreasing homelessness and improving public safety are priorities for the City  
7 and County of San Francisco (the “City”).

8 (2) The mission of the Department of Public Health (“DPH”) is to protect and  
9 promote health and wellbeing for all in San Francisco. DPH operates a health care delivery system  
10 called the San Francisco Health Network (“SFHN”). SFHN’s mission and mandate is to provide  
11 quality health care services to Medi-Cal beneficiaries and low-income, uninsured City residents.

12 (3) DPH’s Behavioral Health Services (“BHS”) is the largest provider of behavioral  
13 health (mental health and substance use) services, including prevention, early intervention, and  
14 treatment services, in the City. The annual budget of the BHS system of care as of Fiscal Year 2019-  
15 2020 was over \$300 million. BHS serves approximately 30,000 individuals with serious mental illness  
16 and/or substance use disorders in its clinical care delivery system each year.

17 (4) The Behavioral Health Access Center (“BHAC”), located at 1380 Howard  
18 Street, is a key service access point. The BHAC provides low-barrier, centralized access to the  
19 behavioral health services system and helps San Franciscans find the appropriate mental health and  
20 substance use care for their needs. Staff members triage and assess clients’ needs, help them enroll in  
21 benefit programs such as Medi-Cal, help them find placements in treatment programs, and connect  
22 them to other services like medical screenings and primary care. The BHAC serves residents of San  
23 Francisco who are Medi-Cal eligible, participants in Healthy San Francisco, or uninsured.

24 (5) According to the City’s Point-in-Time Count conducted in January 2019, there  
25 are about 8,000 people experiencing homelessness in San Francisco on any given night. But over the

1 course of an entire year, many more people experience homelessness. According to DPH's records, in  
2 Fiscal Year 2018-2019, DPH and/or the Department of Homelessness and Supportive Housing  
3 ("HSH") served about 18,000 people experiencing homelessness. Of those 18,000 people, 4,000 have  
4 a history of both mental health and substance use disorders.

5 (6) These 4,000 people are in critical need of help, as evidenced by their high use of  
6 urgent and emergency psychiatric services. They have the highest level of service needs and  
7 vulnerability, and require specialized solutions in order to reach stability and wellness. DPH and HSH  
8 agree that people experiencing homelessness with both mental health and substance use disorders are  
9 the most vulnerable members of our community and require immediate attention and care  
10 coordination. By focusing on San Francisco's 4,000 most vulnerable homeless residents as a target  
11 population, and solving for the challenges they face, the health care system and the quality of life in the  
12 City will be improved for everyone.

13 (7) African-Americans make up just 5% of the City's population, but 35% of the  
14 nearly 4,000 people experiencing homelessness, mental illness, and substance use disorder.  
15 Investments should be targeted to better serve populations not well-served by the existing system, and  
16 equity must be an organizing principle of any behavioral health initiative.

17 (b) **Establishment of Urgent Care SF.** The City hereby establishes Urgent Care SF (the  
18 "Initiative"), an evidence-based program designed to provide mental health services, substance use  
19 services, and medically-appropriate treatment and housing to San Francisco's most vulnerable  
20 homeless residents. Subject to the budgetary and fiscal provisions of the Charter, the Initiative shall  
21 provide enhanced, coordinated services and housing to people who are experiencing homelessness  
22 along with both mental health and substance use disorders, and other individuals with significant  
23 mental health needs.

24 (c) **Guiding Principles.** The Initiative shall be guided by the following principles:

25 (1) People must be met where they are, especially if they are living in the streets.

1                   (2) Barriers must be reduced. The Initiative will offer low-barrier services that are  
2 welcoming and targeted to the people the Initiative is trying to reach.

3                   (3) Care must be coordinated. The Initiative will ensure that an individual's care  
4 providers coordinate with one another to ensure individually tailored care.

5                   (4) Programs should be evidence-based. The Initiative will implement evidence-  
6 based practices that increase the prospects of recovery for individuals served.

7                   (5) Harm reduction must also be emphasized. The Initiative will prioritize harm  
8 reduction services to engage people who are not yet seeking treatment, and thereby save lives.

9                   (6) Equity must be advanced. The Initiative will develop culturally-competent  
10 services that are tailored to populations that are disproportionately affected by homelessness and  
11 experience health disparities in comparison to City residents as a whole.

12                   (7) Public safety and quality of life matters. The Initiative will improve public safety  
13 and quality of life for all San Franciscans, as well as visitors to our community, and ensure that  
14 individuals involved in the criminal justice system who might be better served by the mental health  
15 system, or are exiting the County jail system, are provided the appropriate level of support and care.

16                   (8) Good health requires more than medical services. The Initiative will connect  
17 people who are experiencing homelessness and mental health crises with wraparound services and  
18 clinically appropriate housing.

19                   (9) Conservatorship is a tool that can be a necessary adjunct to the provision of  
20 essential services. The Initiative will support conservatorships when necessary to get people the care  
21 they need.

22                   (10) Connection to housing is necessary.

23                   (d) **Population Served.**

24                   (1) The Initiative shall serve a Target Population, defined as San Francisco  
25 residents who:

1                    (A) Are experiencing homelessness; and

2                    (B) Have co-occurring mental health and substance use disorders; and

3                    (C) Are Medi-Cal beneficiaries, or are low-income and lack health  
4 insurance.

5                    (2) Although the City provides emergency medical services to people with private  
6 health insurance, such persons shall not be eligible for services provided as part of the Initiative.

7                    (3) The Director of Health may prioritize or otherwise allow the provision of the  
8 Initiative's services to additional or different subpopulations of people experiencing homelessness that  
9 are not part of the Target Population, upon a demonstration of need made by the Director and  
10 approved by the Health Commission.

11                    **(e) Service Expansion.**

12                    (1) The Initiative shall:

13                    (A) Provide the Target Population with necessary navigation, mental health,  
14 and substance use services, access to appropriate medication, and access to clinically appropriate  
15 treatment and housing;

16                    (B) Ensure that services are provided equitably across the Target  
17 Population;

18                    (C) Ensure that the City has a sufficient number and type of beds to serve  
19 people with behavioral health disorders, including beds in locked facilities for individuals who are  
20 conserved;

21                    (D) Establish a Drug Sobering Center that shall offer clinical support, wrap-  
22 around services, and appropriate beds for individuals who are experiencing psychosis due to drug use;

23                    (E) Modernize the BHAC's facility, at 1380 Howard Street, to serve as a  
24 central point of access to services, and ensure that the facility's hours are based on service needs;

25

1                    (F) Conduct assertive outreach to the Target Population, and offer  
2 specialized solutions to persons who do not initially access services that are offered;

3                    (G) Maintain records documenting all interventions offered to the Target  
4 Population;

5                    (H) Establish a database that includes the entire portfolio of behavioral  
6 health beds that are managed or funded by DPH, in order to expedite placements for as many  
7 individuals as possible who are in need;

8                    (I) Expand the San Francisco Fire Department’s EMS-6 unit, including  
9 necessary additional staffing, equipment, and ambulances, to provide emergency care to individuals in  
10 crisis on the street, and to transport such individuals to the appropriate emergency facility;

11                    (J) Empower the public and combat stigma by providing community  
12 engagement, including mental health first aid instruction; and

13                    (K) Ensure that DPH and HSH coordinate to ensure that appropriate  
14 housing placements are offered and prioritized to individuals.

15                    (2) The Director of Health may augment or change the services that are provided to  
16 the Target Population, subject to annual appropriations and upon a demonstration of need made by the  
17 Director and approved by the Health Commission.

18                    (f) **Recovery of Costs.** To leverage funding for the Initiative and reimburse DPH for the  
19 costs of providing care, DPH shall:

20                    (1) Help eligible participants enroll in existing state and federal health insurance  
21 and public benefit programs; and

22                    (2) Track and document the delivery of services by the City to individuals with  
23 private health insurance who are provided with emergency crisis-level care, and seek recovery of costs  
24 borne by the City in providing such services.

25                    (g) **Coordination and Training.**

1                   (1) DPH, HSH, and the Police Department (“SFPD”) shall coordinate the  
2 deployments of the following interdepartmental teams:

3                   (A) The Street Medicine Team, which works primarily with people  
4 experiencing homelessness to help them access necessary treatment for medical, mental health, and  
5 substance use disorders;

6                   (B) The Mobile Crisis Team, which provides emergency psychiatric crisis  
7 intervention services; and

8                   (C) The Homeless Outreach Team, which works to connect individuals  
9 experiencing homelessness with services, shelter, and housing.

10                   (2) The City shall establish centralized leadership for the collaboration between  
11 DPH, HSH, and the SFPD. There shall be a single point of contact for members of the public to call to  
12 request the deployment of a coordinated team.

13                   (3) DPH shall provide training to all health practitioners who interact with  
14 individuals in behavioral health crisis concerning the standard to be used when determining whether  
15 an individual is subject to an involuntary hold for evaluation and treatment due to grave disability.  
16 This training shall be designed to promote consistent and proactive use of involuntary holds and  
17 provision of necessary care.

18                   (h) **Law Enforcement Policy.**

19                   (1) To promote public safety, provide adequate response to individuals in crisis on  
20 the street, and ensure that existing laws prohibiting the sale, distribution, and possession of illegal  
21 drugs are enforced, it shall be City policy to ensure a highly visible and approachable police presence  
22 on City streets by deploying police officers on foot or on bicycle.

23                   (2) It shall be City policy that the SFPD shall address the threats to public safety  
24 associated with the public possession and consumption of heroin, fentanyl, methamphetamine, and  
25

1 other narcotics other than cannabis, by enforcing existing laws prohibiting the possession of illegal  
2 drugs, except on the site of a facility that is authorized to operate an overdose prevention program.

3 (3) It shall be City policy to prioritize enforcement of laws prohibiting the sale,  
4 distribution, and possession of illegal drugs other than cannabis against those individuals in crisis on  
5 the street who are offered and refuse the opportunity to be taken to the Drug Sobering Center.

6 (i) **Implementation.**

7 (1) As of the effective date of this Section 15.105, the Initiative shall begin to provide  
8 services and clinically appropriate treatment and housing to the hundreds of homeless individuals  
9 whom DPH, in consultation with HSH, has determined to have the most acute behavioral health needs.

10 (2) DPH shall evaluate the City's progress in providing services to the individuals  
11 with the most acute behavioral health needs, in compliance with subsection (i)(1), which evaluation  
12 shall inform and improve DPH's intervention strategies.

13 (3) The Initiative shall be expanded expeditiously to serve the estimated 4,000  
14 individuals who are homeless and who also have both diagnosed mental health and substance use  
15 disorders.

16 (j) **Regulations.** The Director of Health may adopt rules, regulations, and guidelines to  
17 carry out the provisions and purposes of this Section 15.105.

18 (k) **Reporting.**

19 (1) By no later than February 1, 2021, and annually thereafter, DPH shall submit to  
20 the Mayor and the Board of Supervisors a plan describing the services that are required to address the  
21 mental health and housing needs of the Target Population, and estimating the financial resources  
22 necessary to provide those services.

23 (2) By no later than August 1, 2021, and every six months thereafter, DPH shall  
24 submit to the Mayor and the Board of Supervisors a report describing the services that have been  
25 provided as part of the Initiative, the patient outcomes, and data and other evidence demonstrating the

1 degree of effectiveness of the Initiative's services at stabilizing mental health and substance use  
2 outcomes and successfully placing individuals into clinically appropriate housing options. HSH and  
3 other relevant City departments shall assist DPH in the preparation of its reports.

4 (l) **Undertaking for the General Welfare.** In enacting and implementing this ordinance,  
5 the City is assuming an undertaking only to promote the general welfare. It is not assuming, nor is it  
6 imposing on its officers and employees, an obligation for breach of which it is liable in money damages  
7 to any person who claims that such breach proximately caused injury.

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9 APPROVED AS TO FORM:  
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11 By: \_\_\_\_\_  
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13 Deputy City Attorney

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