FILE NO. 190800

LEGISLATIVE DIGEST

[Initiative Ordinance - Administrative Code - Mental Health SF]

Ordinance amending the Administrative Code to establish Mental Health SF, a universal mental health program designed to provide access to mental health services, substance use treatment, and psychiatric medications to all San Franciscans; and to establish the Mental Health SF Implementation Working Group to advise the Mental Health Board, the Department of Public Health, the Health Commission, the San Francisco Health Authority, and the Board of Supervisors on the design and implementation of Mental Health SF.

Existing Law

Chapter 15 of the San Francisco Health Code governs the Community Mental Health Service of the City and County of San Francisco ("City"), by:

- Establishing a Community Mental Health Service, as required by state law;
- Establishing the Mental Health Board, consisting of 17 members, to review the City's mental health needs, services, facilities, and special programs, advise the Board of Supervisors, Health Commission, Director of Health, and the Director of Mental Health as to any aspect of local mental health programs, and review and comment on the City and County's performance outcome data and communicate its findings to the State Mental Health Commission, among other duties;
- Enumerating the services that the Community Mental Health Service may provide, including outpatient psychiatric clinics, in-patient psychiatric clinics, rehabilitation services, and psychiatric consultant services, among other services; and
- Declaring the intent of the Board of Supervisors to more specifically delineate the long-range planning and budgetary uses of the San Francisco Community Mental Health Services Plan.

Chapter 15 also requires that the Department of Public Health ("DPH") provide a single standard of mental health services access and care for indigent and uninsured residents of the City and Medi-Cal beneficiaries who are residents of the City.

The San Francisco Treatment on Demand Act, which was enacted by the voters in 2010 as Proposition T, requires that DPH maintain an adequate level of free and low cost medical substance abuse services and residential treatment slots commensurate with the demand for such services. Demand is to be measured by the total number of filled medical substance abuse slots plus the total number of individuals seeking such slots as well as the total number of filled residential treatment slots plus the number of individuals seeking such slots. DPH is

required to submit an annual report to the Board of Supervisors with its assessment of the demand for substance abuse treatment and a plan to meet the demand.

Amendments to Current Law

The proposed ordinance would establish Mental Health SF, a universal mental health care program providing access to mental health services, substance use treatment, and psychiatric medications. Subject to the budgetary and fiscal provisions of the Charter, Mental Health SF would provide such services to every San Francisco resident who does not have appropriate and timely access to care. Mental Health SF would be operated by DPH under the oversight of the Health Commission, and in consultation with the San Francisco Health Authority.

Mental Health SF would serve two populations: 1) Core Patients, who are San Francisco residents who: lack health insurance; are enrolled in Healthy San Francisco; are enrolled in a Medi-Cal managed care plan and receive mental health services from the Department's Community Behavioral Health Services under California's Medi-Cal Specialty Mental Health Services Waiver; or are released from the County jail, prior to their enrollment in Medi-Cal; and 2) Bridge Patients, who are San Francisco residents who have health insurance, except for those individuals who are enrolled in a Medi-Cal managed care plan and receive behavioral health services from the Department's Community Behavioral Health Services under California's Medi-Cal Specialty Mental Health Services Waiver.

Mental Health SF would provide a broad range of mental health services, substance use treatment, and psychiatric medications to Core Patients, and would provide brief, "bridge" services to Bridge Patients while they seek services through their insurance provider.

The design and implementation of Mental Health SF would be guided by the following governing principles:

- Low-barrier;
- Services first;
- Customer service;
- Harm reduction;
- Integrated services;
- Coordinated services;
- Cultural competency; and
- Treatment on demand.

Mental Health SF would operate a Mental Health Service Center that would serve as a centralized hub for Core Patients and Bridge Patients who seek access to voluntary services and medications. The Mental Health Service Center would be a physical location near other City-funded services, and would be open seven days per week, 24 hours per day. It would be

adequately staffed to ensure that wait times do not exceed three hours. Staffing would include, at a minimum, nurse practitioners, psychiatrists, and peer counselors.

The Mental Health Service Center would offer triage, psychiatric assessment and treatment, 24-hour pharmacy services, psychosocial assessment and services, crisis stabilization, transportation to services that are located in other buildings, and a team to conduct outreach to individuals in crisis on the streets.

The proposed ordinance would also require Mental Health SF to operate an Office of Coordinated Care to oversee the seamless delivery of mental health care and substance use services across the City's behavioral health systems, and to ensure that Mental Health SF is accountable and proactive in how it delivers care. The Office of Coordinated Care would be responsible for:

- Conducting and maintaining an up-to-date inventory of available space in all City-operated and City-funded mental health and substance use programs;
- Ensuring a continuum of care for all consumers in San Francisco's City-funded and City-operated programs by providing and supervising case managers who are responsible for monitoring compliance with individual treatment plans and identifying appropriate housing placements, as needed, with the goal of securing long term permanent housing;
- Coordinating the care of patients who are exiting the County Jail system or General Hospital's Psychiatric Emergency Services ("PES") unit;
- Tracking and evaluating a variety of data to examine the effectiveness of Mental Health SF; and
- Producing bi-annual reports to the Board of Supervisors on all tracked data, and on the extent to which Mental Health SF has operated in compliance with its governing principles.

The proposed ordinance also would require that the City expand the following services to meet need: case management, intensive case management, residential treatment, respite care, detoxification services, PES beds and other secure placement options for individuals who are a danger to themselves or others, long-term housing.

The ordinance would provide that a Mental Health Service Emergency shall exist when two of the following three conditions exist at the same time: 1) the Department's PES unit is under diversion for at least two days for three consecutive weeks; 2) the wait time for placement in a transitional residential treatment program exceeds two weeks; 3) the wait time for assignment to intensive case management services exceeds two weeks. After confirming that a Mental Health Service Emergency exists, the ordinance would require DPH to notify the Health Commission, the Board of Supervisors, and the Mayor of such emergency in writing. Upon receipt of the notice of Mental Health Service Emergency, the Health Commission would be required to schedule a hearing on the Mental Health Service Emergency.

Lastly, the proposed ordinance would establish the Mental Health SF Implementation Working Group (“Implementation Working Group”), which would be charged with advising the Mental Health Board, or any successor agency, the Health Commission, the Department of Public Health, and the Board of Supervisors on the design and implementation of Mental Health SF. The Implementation Working Group may also advise the San Francisco Health Authority on Mental Health SF. The Implementation Working Group would be required to provide quarterly written progress reports to the Board of Supervisors, and final recommendations regarding the design of Mental Health SF by no later than May 1, 2021.

The Implementation Working Group would consist of eleven members appointed by the Board of Supervisors. Members would serve two-year terms, except that the term of the initial appointees in seats 1, 3, 5, 7, and 9 would be one year. Appointees would have the following qualifications:

- Seat 1 would be held by a person with expertise working on behalf of healthcare workers.
- Seats 2 and 3 would each be held by a person who identifies as having a mental health condition or identifies as having a mental health condition and substance use condition (“dual diagnosis”), and who has accessed mental health or substance use services in San Francisco.
- Seat 4 would be held by a person who identifies as having a substance use condition or a dual diagnosis, and who has accessed mental health or substance use services in San Francisco.
- Seat 5 would be held by a person with expertise in substance use treatment and harm reduction.
- Seat 6 would be held by a psychiatrist with experience working with vulnerable communities.
- Seat 7 would be held by a behavioral health professional with expertise providing services to transitional age youth in San Francisco.
- Seat 8 would be held by a person with experience in the management or operation of residential treatment programs.
- Seat 9 would be held by a medical professional with expertise in working with dually diagnosed persons.
- Seat 10 would be held by a person with experience providing supportive housing in San Francisco.
- Seat 11 would be held by a person with experience in health systems or hospital administration.

The Implementation Working Group would terminate on March 1, 2026, unless the Board of Supervisors extends its term by ordinance.

The ordinance would allow the Board of Supervisors to amend the provisions of the Municipal Code establishing Mental Health SF and the Mental Health SF Implementation Working Group by ordinance passed by a two-thirds' vote, so long as such amendments are consistent with and further the intent of the underlying legislation.

Background Information

As of 2019, the Department of Public Health's Behavioral Health Services program provides mental health and substance use services to more than 30,000 consumers each year, at an annual cost of approximately $370 million. Yet, San Francisco's mental health system has not adequately addressed San Francisco's mental health and substance use crisis.

Of the 6,704 consumers discharged from the Psychiatric Emergency Services ("PES") unit at Zuckerberg San Francisco General Hospital in fiscal year 2016-17, 2,562—or 38.2%—were discharged without an outpatient referral or linkage to other mental health services, putting these people at greater risk for mental decompensation and a return to unsafe drug and alcohol use.

While the City and County of San Francisco ("City") is home to 24,500 injection drug users, as of 2019 the City has only 335 drug treatment spaces available, of which only 68 spaces are qualified to treat people who have both mental illness and a substance use condition.

The inability to receive timely treatment has discouraged many people from accessing the services they need. Wait times for services are a major barrier to treatment, but the City's Behavioral Health Services program as of 2019 lacks a systematic way to track the availability of spots in treatment programs in real time.

Patients who are released from an involuntary detention for evaluation and treatment, also known as a "5150 hold," often face wait times when seeking housing options. For example, some residential care facilities have wait lists up to seven months.

As of 2019, an estimated 31,000 people in San Francisco lack health insurance. San Francisco's mental health system has not been able to adequately address the challenges faced by uninsured people who need mental health or substance use services. San Franciscans often cite concerns about the lack of health insurance coverage or cost of care as reasons for not seeking mental health care. This is consistent with the findings in a national study, in which 47% of respondents with a mood, anxiety, or substance use condition who said they needed mental health care, cited cost or not having health insurance as a reason why they did not receive that care. The failure to adequately serve this population in San Francisco is apparent in the number of people wandering the streets in obvious need of mental health and substance use treatment.

From November 2014 to October 2017, 85% of booking events at San Francisco County jails involved individuals with a history of substance use, severe mental illness, or a history of both

substance use and severe mental illness. During their time in custody, inmates lose eligibility for Medi-Cal benefits. Upon release from custody, their Medi-Cal benefits continue to be suspended until they re-enroll. This gap in benefits is one reason why many people who are released after a 5150 hold, or a subsequent 14-day hold under Section 5250 of the California Welfare and Institutions Code, are left to wander the streets with no treatment plan or coordinated care.

A 2018 audit of the Department of Public Health's Behavioral Health Services ("BHS") conducted by the San Francisco Budget and Legislative Analyst ("2018 BHS Audit") found that under the current system, BHS does not systematically track waitlist information for mental health and substance use services. Waitlists, when they are maintained, are generally kept by the individual service providers and not aggregated or evaluated by BHS. Because BHS does not compile and track waitlist data in a format that allows for analysis of point-in-time capacity or historical trends, there is limited information about BHS capacity across all mental health and substance use services.

The 2018 BHS Audit concluded that an effective mental health services system must: develop protocols to transition long-term intensive case management clients to lower levels of care; create better tools to monitor intensive case management waitlists; and ensure that all intensive case management programs regularly report waitlist, wait time, and staff vacancy data.

To stop the cycle of people going from residential treatment programs back to the street, additional cooperative living opportunities for people facing mental illness and substance use are needed. Studies have shown that providing consumers with long-term cooperative housing options dramatically reduces substance use relapse and supports consumers through continued recovery.

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