

[Administrative Code - Coordinated Entry System for Homeless Persons; Priority Housing Status for Persons Discharged from Residential Behavioral Health Programs]

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Ordinance amending the Administrative Code to require the Department of Homelessness and Supportive Housing to implement a Coordinated Entry System governing the assessment, prioritization, and referral of homeless persons to housing programs; to give a priority to adults who have been discharged from residential behavioral health programs when making assignments to certain housing programs; and to coordinate with the Department of Public Health to ensure access to uninterrupted supportive services for ~~such persons~~those adults.

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

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

Section 1. Findings.

(a) The Department of Public Health (“DPH”) operates a wide variety of residential behavioral health programs, including but not limited to: board and care facilities, inpatient psychiatric programs, an acute diversion program, psychiatric emergency services, mental health residential treatment programs, and substance abuse residential treatment programs. Individuals who participate in these programs receive treatment and care until they are stabilized.

(b) Each year, more than 5,000 individuals are discharged from DPH’s residential behavioral health programs after having received treatment to address their mental health or

1 substance abuse issues. Upon discharge, many individuals do not have a home or address
2 to go to, and are discharged to the streets.

3 (c) Discharging people to the streets following their participation in a residential
4 behavioral health program is associated with a high incidence of substance abuse disorder
5 relapse, deterioration of mental health, and medical compromise.

6 (d) Behavioral health treatment would be associated with improved outcomes if
7 participants knew that they would be housed after treatment, and had access to ongoing
8 supportive programs upon placement in housing.

9 (e) The Department of Homelessness and Supportive Housing is developing a
10 Coordinated Entry system that will implement a consistent, community-wide intake process to
11 match people experiencing homelessness to available community resources that meet their
12 needs. The Coordinated Entry system includes a standardized method to assess and
13 prioritize people needing assistance, and a streamlined process for rapidly connecting people
14 to a housing solution. Adults with the greatest barriers to housing, the longest histories of
15 homelessness, and the highest level of vulnerability are prioritized for services.

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17 Section 2. Chapter 20 of the Administrative Code is hereby amended by adding Article
18 XVI, consisting of Sections 20.16-1 through 20.16-3, to read as follows:

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20 **ARTICLE XVI: COORDINATED ENTRY SYSTEM; PRIORITIZATION AND**
21 **COORDINATION OF CARE FOR PERSONS DISCHARGED FROM RESIDENTIAL**
22 **BEHAVIORAL HEALTH PROGRAMS**

23
24 **SEC. 20.16-1. DEFINITIONS.**

25 As used in this Article XVI, the following words or phrases shall have the following meanings:

1 “Department” means the Department of Homelessness and Supportive Housing.

2 “Permanent Supportive Housing” means subsidized rental housing without time limits and with
3 on-site supportive services to help tenants maintain housing.

4 “Rapid-Rehousing” means a housing program model that assists individuals who are homeless
5 to move quickly into permanent housing, usually to housing in the private market.

6 “Residential Behavioral Health Program” means a residential program in which the patient
7 receives treatment for a substance use disorder and/or mental health disability.

8 ~~“Transitional Housing” means a temporary shelter program model that provides an~~
9 ~~individual with a shared or private housing unit for a time-limited period during which the~~
10 ~~individual receives supportive services.~~

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12 **SEC. 20.16-2. COORDINATED ENTRY SYSTEM; PRIORITY STATUS.**

13 (a) The Department shall implement a Coordinated Entry System designed to assess
14 people experiencing homelessness, so as to prioritize and refer such people to housing
15 programs. People experiencing homelessness with the greatest barriers to housing, the
16 longest histories of homelessness, and/or the highest level of vulnerability shall be prioritized
17 for housing or other appropriate placements. The Department shall be responsible for
18 developing the process and standards used to screen and prioritize homeless persons for
19 housing programs in accordance with the three factors identified in the preceding sentence.

20 (b) When assessing and assigning single homeless adults to Rapid-Rehousing, Transitional
21 Housing, or Permanent Supportive Housing (collectively, “Housing”), the Department shall recognize
22 discharge from a Residential Behavioral Health Program of a program participant who was
23 homeless upon entry into the Residential Behavioral Health Program as a vulnerability that will
24 confer upon the program participant a priority, as determined by the Department, for such Housing.
25 An individual’s eligibility for this priority shall be verified by the Department of Public Health.

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2 **SEC. 20.16-3. CARE COORDINATION.**

3 The Department shall coordinate with the Department of Public Health to ensure that
4 individuals who are prioritized for and assigned to housing pursuant to Section 20.16-2 have
5 uninterrupted access to supportive services provided by the Department of Public Health.
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7 Section 3. Effective Date and Operative Date.

8 (a) This ordinance shall become effective 30 days after enactment. Enactment occurs
9 when the Mayor signs the ordinance, the Mayor returns the ordinance unsigned or does not
10 sign the ordinance within ten days of receiving it, or the Board of Supervisors overrides the
11 Mayor’s veto of the ordinance.

12 (b) This ordinance shall become operative 90 days after enactment.
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14 Section 4. Undertaking for the General Welfare. In enacting and implementing this
15 Article XVI, the City is assuming an undertaking only to promote the general welfare. It is not
16 assuming, nor is it imposing on its officers and employees, an obligation for breach of which it
17 is liable in money damages to any person who claims that such breach proximately caused
18 injury.
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20 APPROVED AS TO FORM:
21 DENNIS J. HERRERA, City Attorney

22 By: _____
23 ANNE PEARSON
24 Deputy City Attorney

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