

BOARD of SUPERVISORS



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MEMORANDUM

TO: Jeff Kositsky, Director, Department of Homelessness and Supportive Housing
Barbara A. Garcia, Director, Department of Public Health

FROM: *el*
for Alisa Somera, Legislative Deputy Director
Rules Committee

DATE: April 10, 2018

SUBJECT: LEGISLATION INTRODUCED

The Board of Supervisors' Rules Committee has received the following proposed legislation, introduced by Supervisor Sheehy on April 3, 2018:

File No. 180322

Ordinance amending the Administrative Code to require the Department of Homelessness and Supportive Housing to give a priority to adults who have been discharged from residential behavioral health programs when making assignments to housing programs, and to coordinate with the Department of Public Health to ensure access to uninterrupted supportive services for such persons.

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: Emily Cohen, Department of Homelessness and Supportive Housing
Greg Wagner, Department of Public Health
Naveena Bobba, Department of Public Health
Sneha Patil, Department of Public Health

1 [Administrative Code - Priority Housing Status for Persons Discharged from Residential
2 Behavioral Health Programs]

3 **Ordinance amending the Administrative Code to require the Department of**
4 **Homelessness and Supportive Housing to give a priority to adults who have been**
5 **discharged from residential behavioral health programs when making assignments to**
6 **housing programs, and to coordinate with the Department of Public Health to ensure**
7 **access to uninterrupted supportive services for such persons.**

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

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

16 Section 1. Findings.

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

23 (b) Each year, more than 5,000 individuals are discharged from DPH’s residential
24 behavioral health programs after having received treatment to address their mental health or
25 substance abuse issues. Upon discharge, many individuals do not have a home or address
to go to, and are discharged to the streets.

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

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

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

14
15 Section 2. Chapter 20 of the Administrative Code is hereby amended by adding Article
16 XVI, consisting of Sections 20.16-1 through 20.16-3, to read as follows:

17
18 **ARTICLE XVI: PRIORITIZATION AND COORDINATION OF CARE FOR PERSONS**
19 **DISCHARGED FROM RESIDENTIAL BEHAVIORAL HEALTH PROGRAMS**

20
21 **SEC. 20.16-1. DEFINITIONS.**

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

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

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

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

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

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

8
9 **SEC. 20.16-2. PRIORITY STATUS.**

10 When assessing and assigning single homeless adults to Rapid-Rehousing, Transitional
11 Housing, or Permanent Supportive Housing (collectively, “Housing”), the Department shall recognize
12 discharge from a Residential Behavioral Health Program as a vulnerability that will confer upon the
13 program participant a priority, as determined by the Department, for such Housing.

14
15 **SEC. 20.16-3. CARE COORDINATION.**

16 The Department shall coordinate with the Department of Public Health to ensure that
17 individuals who are prioritized for and assigned to housing pursuant to Section 20.16-2 have
18 uninterrupted access to supportive services.

19
20 Section 3. Effective Date. This ordinance shall become effective 30 days after
21 enactment. Enactment occurs when the Mayor signs the ordinance, the Mayor returns the
22 ordinance unsigned or does not sign the ordinance within ten days of receiving it, or the Board
23 of Supervisors overrides the Mayor’s veto of the ordinance.

1 Section 4. Undertaking for the General Welfare. In enacting and implementing this
2 Article XVI, the City is assuming an undertaking only to promote the general welfare. It is not
3 assuming, nor is it imposing on its officers and employees, an obligation for breach of which it
4 is liable in money damages to any person who claims that such breach proximately caused
5 injury.

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7 APPROVED AS TO FORM:
8 DENNIS J. HERRERA, City Attorney

9 By: 
10 VIRGINIA DARIO ELIZONDO
11 Deputy City Attorney

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LEGISLATIVE DIGEST

[Administrative Code - Priority Housing Status for Persons Discharged from Residential Behavioral Health Programs]

Ordinance amending the Administrative Code to require the Department of Homelessness and Supportive Housing to give a priority to adults who have been discharged from residential behavioral health programs when making assignments to housing programs, and to coordinate with the Department of Public Health to ensure access to uninterrupted supportive services for such persons.

Existing Law

Currently, local law does not establish priorities for the assignment of individuals experiencing homelessness to supportive and transitional housing.

Amendments to Current Law

The proposed ordinance would require the Department of Homelessness and Supportive Housing (“DHS”) to recognize discharge from a residential behavioral health program as a condition that would confer upon the participant a priority for assignment to supportive and transitional housing. For purposes of this ordinance, “residential behavioral health programs” are defined as programs in which the patient receives treatment for a substance use disorder and/or mental health disability.

The ordinance would also require the DHS to coordinate with DPH to ensure that individuals who are being discharged from residential behavioral health programs and placed in housing have uninterrupted access to supportive services.

Background Information

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.

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

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

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

DHS is developing a Coordinated Entry system that will implement a consistent, community-wide intake process to match people experiencing homelessness to available community resources that meet their needs. The Coordinated Entry system includes a standardized method to assess and prioritize people needing assistance, and a streamlined process for rapidly connecting people to a housing solution. Adults with the greatest barriers to housing, the longest histories of homelessness, and the highest level of vulnerability are prioritized for services.

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