

BOARD of SUPERVISORS



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October 22, 2019

File No. 191054

Lisa Gibson
Environmental Review Officer
Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

Dear Ms. Gibson:

On October 22, 2019, the following proposed Initiative Ordinance for the March 3, 2020, Election was received and referred to the Board of Supervisors' Rules Committee:

File No. 191054

Hearing to consider the proposed Initiative Ordinance submitted by the Mayor to the voters for the March 3, 2020, Election, entitled "Ordinance amending the Administrative Code to establish Urgent Care SF ("the Initiative"), a mental health program designed to provide increased access to mental health services, substance use treatment, and clinically appropriate housing to homeless individuals with co-occurring mental health and substance use disorders; to require the Department of Public Health ("DPH") to immediately provide services to the hundreds of persons with the most acute behavioral health needs, and to expeditiously expand services to reach an estimated 4,000 persons; to require DPH to submit an annual report to the Mayor and the Board of Supervisors outlining the resources required to implement the Initiative; and to make it policy of the City and County of San Francisco to promote public safety by deploying police officers on foot and bicycle, enforcing laws prohibiting the possession of illegal drugs, and prioritizing the enforcement of drug laws against individuals who are offered and have refused the opportunity to be taken to a Drug Sobering Center."

This legislation is being transmitted to you for environmental review.

Angela Calvillo, Clerk of the Board

A handwritten signature in black ink that reads "Victor Young". The signature is written in a cursive, slightly slanted style.

By: Victor Young, Assistant Clerk
Rules Committee

Attachment

c: Devyani Jain, Deputy Environmental Review Officer
Joy Navarrete, Environmental Planning
Don Lewis, Environmental Planning
Laura Lynch, Environmental Planning

**PROPOSED INITIATIVE ORDINANCE TO BE SUBMITTED BY THE
MAYOR TO THE VOTERS AT THE MARCH 3, 2020 ELECTION.**

[Under Charter Sections 3.100(16) and 2.113(b), this measure must be submitted to the Board of Supervisors and filed with the Department of Elections no less than *45 days prior* to deadline for submission of such Initiatives to the Department of Elections set in Municipal Elections Code Section 300(b).]

[Initiative Ordinance - Administrative Code - Urgent Care SF]

Ordinance amending the Administrative Code to establish Urgent Care SF (“the Initiative”), a mental health program designed to provide increased access to mental health services, substance use treatment, and clinically appropriate housing to homeless individuals with co-occurring mental health and substance use disorders; to require the Department of Public Health (“DPH”) to immediately provide services to the hundreds of persons with the most acute behavioral health needs, and to expeditiously expand services to reach an estimated 4,000 persons; to require DPH to seek recovery of a portion of the costs of the Initiative by enrolling eligible participants in federal and state health insurance and public benefit programs; to require DPH to submit an annual report to the Mayor and the Board of Supervisors outlining the resources required to implement the Initiative; and to make it the policy of the City and County of San Francisco to promote public safety by deploying police officers on foot and bicycle, enforcing laws prohibiting the possession of illegal drugs, and prioritizing the enforcement of drug laws against individuals who are offered and have refused the opportunity to be taken to a Drug Sobering Center.

NOTE: **Unchanged Code text and uncodified text** are in plain font.
Additions to Codes are in *single-underline italics Times New Roman font*.

Deletions to Codes are in *strikethrough italics Times New Roman 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. Chapter 15 of the Administrative Code is hereby amended by adding Section 15.105, to read as follows:

SEC. 15.105. URGENT CARE SF INITIATIVE.

(a) Findings.

(1) Decreasing homelessness and improving public safety are priorities for the City and County of San Francisco (the "City").

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

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

(4) The Behavioral Health Access Center ("BHAC"), located at 1380 Howard Street, is a key service access point. The BHAC provides low-barrier, centralized access to the behavioral health services system and helps San Franciscans find the appropriate mental health and substance use care for their needs. Staff members triage and assess clients' needs, help them enroll in benefit programs such as Medi-Cal, help them find placements in treatment programs, and connect

them to other services like medical screenings and primary care. The BHAC serves residents of San Francisco who are Medi-Cal eligible, participants in Healthy San Francisco, or uninsured.

(5) According to the City's Point-in-Time Count conducted in January 2019, there are about 8,000 people experiencing homelessness in San Francisco on any given night. But over the course of an entire year, many more people experience homelessness. According to DPH's records, in Fiscal Year 2018-2019, DPH and/or the Department of Homelessness and Supportive Housing ("HSH") served about 18,000 people experiencing homelessness. Of those 18,000 people, 4,000 have a history of both mental health and substance use disorders.

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

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

(b) Establishment of Urgent Care SF. The City hereby establishes Urgent Care SF (the "Initiative"), an evidence-based program designed to provide mental health services, substance use services, and medically-appropriate treatment and housing to San Francisco's most vulnerable homeless residents. Subject to the budgetary and fiscal provisions of the Charter, the Initiative shall provide enhanced, coordinated services and housing to people who are experiencing homelessness

along with both mental health and substance use disorders, and other individuals with significant mental health needs.

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

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

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

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

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

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

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

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

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

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

(10) Connection to housing is necessary.

(d) Population Served.

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

(A) Are experiencing homelessness; and

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

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

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

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

(e) Service Expansion.

(1) The Initiative shall:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(g) Coordination and Training.

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

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

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

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

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

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

(h) Law Enforcement Policy.

(1) To promote public safety, provide adequate response to individuals in crisis on the street, and ensure that existing laws prohibiting the sale, distribution, and possession of illegal

drugs are enforced, it shall be City policy to ensure a highly visible and approachable police presence on City streets by deploying police officers on foot or on bicycle.

(2) It shall be City policy that the SFPD shall address the threats to public safety associated with the public possession and consumption of heroin, fentanyl, methamphetamine, and other narcotics other than cannabis, by enforcing existing laws prohibiting the possession of illegal drugs, except on the site of a facility that is authorized to operate an overdose prevention program.

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

(i) **Implementation.**

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

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

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

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

(k) **Reporting.**

(1) By no later than February 1, 2021, and annually thereafter, DPH shall submit to the Mayor and the Board of Supervisors a plan describing the services that are required to address the

mental health and housing needs of the Target Population, and estimating the financial resources necessary to provide those services.

(2) By no later than August 1, 2021, and every six months thereafter, DPH shall submit to the Mayor and the Board of Supervisors a report describing the services that have been provided as part of the Initiative, the patient outcomes, and data and other evidence demonstrating the degree of effectiveness of the Initiative's services at stabilizing mental health and substance use outcomes and successfully placing individuals into clinically appropriate housing options. HSH and other relevant City departments shall assist DPH in the preparation of its reports.

(l) Amendment by the Board of Supervisors. No sooner than three years after the effective date of this Section 15.105, the Board of Supervisors by no less than two-thirds vote of all its members may by ordinance amend this Section if the amendment is consistent with, and furthers, the purpose of this Section. This subsection (l) shall not be construed to authorize any amendment that would expand eligibility for services under the Initiative to City residents other than homeless persons, unless the Health Commission certifies in writing to the Board of Supervisors that mental health services, substance use treatment, and clinically appropriate housing options have been expanded sufficiently to meet the needs of the Target Population, and that population health outcomes would be improved by an expansion of the population of individuals who are eligible for services under the Initiative.

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

Section 2. Conflicting Measures. To ensure that the focus of expanded mental health and/or substance use services stays on individuals who are experiencing homelessness, in the event that this initiative ordinance and another measure or measures regarding the

provision in any respect of mental health and/or substance use services by the City and County of San Francisco to San Francisco residents, shall appear on the same Citywide election ballot, the provisions of such other measure(s) shall be deemed to be in conflict with this ordinance. In the event that this initiative ordinance shall receive a greater number of affirmative votes than the other measure or measures, the provisions of this initiative ordinance shall prevail in their entirety and each and every provision of the other measure or measures shall be null and void in their entirety. In the event that the other measure or measures shall receive a greater number of votes, the provisions of this initiative ordinance shall take effect to the extent permitted by law.

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SUBMITTED.



LONDON N. BREED
Mayor, City and County of San
Francisco

Date: 10/15/19