

File No. 190928

Committee Item No. 3

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Government Audit and Oversight

Date: October 17, 2019

Board of Supervisors Meeting:

Date: _____

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- Budget and Legislative Analyst Report
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- Contract/Agreement
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OTHER

- Referral FYI – September 18, 2019
- _____
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- _____

Prepared by: John Carroll

Date: October 11, 2019

Prepared by: John Carroll

Date: _____

1 [Health Code - City-Operated Adult Residential Facility]

2

3 Ordinance amending the Health Code to require the Department of Public Health to
4 maintain and operate at full capacity a 55-bed adult residential facility.

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

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

13 Section 1. The Health Code is hereby amended by adding Article 45, consisting of
14 Sections 4501, 4502, and 4503, to read as follows:

15 **ARTICLE 45: CITY-OPERATED ADULT RESIDENTIAL FACILITY**

16
17 **SEC. 4501. BACKGROUND AND FINDINGS.**

18 (a) Adult residential facilities ("ARFs") are group care facilities that provide 24-hour
19 nonmedical care to individuals aged 18-59 who need personal services, supervision, or assistance to
20 support their activities of daily living. ARFs provide rooms, meals, housekeeping, supervision, storage
21 and distribution of medications, and personal care assistance with basic activities like hygiene,
22 dressing, eating, and bathing. ARFs are licensed by the Community Care Licensing Division of the
23 State Department of Social Services ("CCL").

24 (b) ARFs play an important role in a locality's continuum of care by providing people with
25 mental illness an opportunity to live in community-based housing, rather than in institutional care.

1 (c) A 2018 report by the California Behavioral Health Planning Council observed that due
2 to ARF closures and a lack of new ARFs, many individuals with mental illness are not able to find
3 sustainable community housing options with the appropriate level of care following stays in acute in-
4 patient treatment programs, hospitals, or correctional institutions. The report concludes that the
5 absence of community-based housing options can result in a “revolving door scenario” where people
6 are discharged or released from an institution only to be unable to find appropriate residential care or
7 housing. When another mental health crisis ensues, the absence of community-based housing
8 opportunities can result in a return to high-level crisis programs, facilities, hospitals, jails/prisons, or
9 homelessness.

10 (d) Since 2005, the San Francisco Department of Public Health (“DPH”) has operated an
11 ARF at 887 Potrero Avenue. This ARF has been licensed by CCL to include 55 beds.

12 (e) In recent years, DPH has failed to maintain staffing at a level that was sufficient to
13 operate the ARF at 887 Potrero Avenue at full capacity. In 2018-2019, DPH asked CCL for permission
14 to temporarily suspend from licensure a total of 41 ARF beds at 887 Potrero Avenue so that they could
15 be used instead as emergency shelter beds for people experiencing homelessness. CCL granted DPH’s
16 request, thereby temporarily reducing the total number of beds at this ARF from 55 to 11. CCL’s
17 approval extends through June 30, 2021, although DPH may seek CCL approval to restore the beds for
18 use as ARF beds prior to that date subject to CCL’s finding that DPH can meet the licensing standards
19 required to operate the ARF at full capacity.

20 (f) In October 2018, CCL concluded that on a number of occasions between 2015 and
21 2018, DPH had failed to comply with applicable laws and regulations in its administration of the ARF
22 at 887 Potrero Avenue. To bring the facility into compliance, CCL required that DPH prepare a
23 corrective action plan, which DPH prepared and submitted to CCL on October 15, 2018 (“Corrective
24 Action Plan”). This plan lays out the steps DPH has taken and will continue to take, including training
25 and monitoring, to ensure that the ARF operates in full compliance with all applicable standards.

1
2 **SEC. 4502. MAINTENANCE AND OPERATION OF ADULT RESIDENTIAL FACILITY.**

3 (a) As of the effective date of this Article 45, and from that date forward, DPH shall
4 maintain and operate at full capacity a licensed 55-bed adult residential facility, and shall take all
5 steps necessary to ensure that all 55 beds are occupied by persons who meet the eligibility criteria for
6 residence in an adult residential facility set forth in State law and in the facility's license.

7 (b) To ensure compliance with the deadline established in subsection (a), DPH shall take
8 immediate action to:

9 (1) Notify CCL of its intent to operate 55 ARF beds, and take all steps necessary to
10 ensure licensure of all 55 ARF beds;

11 (2) Hire a sufficient number of qualified City staff to operate the 55 ARF beds; and

12 (3) Identify residents who qualify for placement in any available ARF beds.

13 (c) Staff from the Department of Human Resources ("DHR") shall assist DPH to
14 immediately, and with urgency, hire qualified City staff.

15
16 **SEC. 4503. REPORTING.**

17 Within three months of the effective date of this Article 45, DPH and DHR shall jointly submit
18 to the Board of Supervisors a report that describes:

19 (a) The number of ARF beds that have been filled and the number that remain vacant;

20 (b) The number of personnel hired to work at the ARF; and

21 (c) The steps that DPH has taken to ensure compliance with the Corrective Action Plan.

22
23 Section 2. Effective Date. This ordinance shall become effective 30 days after
24 enactment. Enactment occurs when the Mayor signs the ordinance, the Mayor returns the
25

1 ordinance unsigned or does not sign the ordinance within ten days of receiving it, or the Board
2 of Supervisors overrides the Mayor's veto of the ordinance.

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

9
10 APPROVED AS TO FORM:
11 DENNIS J. HERRERA, City Attorney

12 By:



13 ANNE PEARSON
14 Deputy City Attorney

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LEGISLATIVE DIGEST

[Health Code - City-Operated Adult Residential Facility]

Ordinance amending the Health Code to require the Department of Public Health to maintain and operate at full capacity a 55-bed adult residential facility.

Existing Law

Adult residential facilities (“ARFs”) are group care facilities that provide 24-hour nonmedical care to individuals aged 18-59 who need personal services, supervision, or assistance to support their activities of daily living. Currently, there is no legal requirement that the City and County of San Francisco operate an ARF.

Amendments to Current Law

The proposed ordinance would require the Department of Public Health (“DPH”) to maintain and operate at full capacity a licensed 55-bed ARF, as of the effective date of the ordinance. To achieve this goal, the ordinance would require DPH to take immediate action to take steps necessary to ensure licensure of a 55-bed ARF, hire a sufficient number of City staff to operate the 55 ARF beds, and identify individuals who qualify for placement at the ARF. The ordinance would require the Department of Human Resources to assist DPH with hiring.

Within three months of the effective date of the ordinance, DPH and DHR would be required to submit a report to the Board of Supervisors that describes: 1) the number of ARF beds that have been filled and the number that are vacant; 2) the number of personnel hired to work at the ARF; and 3) the steps that DPH has taken to ensure compliance with a corrective action plan submitted to the state licensing agency.

Background Information

ARFs provide rooms, meals, housekeeping, supervision, storage and distribution of medications, and personal care assistance with basic activities like hygiene, dressing, eating, and bathing. ARFs are licensed by the Community Care Licensing Division of the State Department of Social Services (“CCL”).

ARFs play an important role in a locality’s continuum of care by providing people with mental illness an opportunity to live in community-based housing, rather than in institutional care.

A 2018 report by the California Behavioral Health Planning Council observed that due to ARF closures and a lack of new ARFs, many individuals with mental illness are not able to find sustainable community housing options with the appropriate level of care following stays in acute in-patient treatment programs, hospitals, or correctional institutions. The report

concludes that the absence of community-based housing options can result in a “revolving door scenario” where people are discharged or released from an institution only to be unable to find appropriate residential care or housing. When another mental health crisis ensues, the absence of community-based housing opportunities can result in a return to high-level crisis programs, facilities, hospitals, jails/prisons, or homelessness.

Since 2005, the San Francisco Department of Public Health (“DPH”) has operated an ARF at 887 Potrero Avenue. This ARF has been licensed by CCL to include 55 beds.

In recent years, DPH has failed to maintain staffing at a level that was sufficient to operate the ARF at 887 Potrero Avenue at full capacity. In 2018- 2019, DPH asked CCL for permission to temporarily suspend from licensure a total of 41 ARF beds at 887 Potrero Avenue so that they could be used instead as emergency shelter beds for people experiencing homelessness. CCL granted DPH’s request, thereby temporarily reducing the total number of beds at this ARF from 55 to 11. CCL’s approval extends through June 30, 2021, although DPH may seek CCL approval to restore the beds for use as ARF beds prior to that date subject to CCL’s finding that DPH can meet the licensing standards required to operate the ARF at full capacity.

In October 2018, CCL concluded that on a number of occasions between 2015 and 2018, DPH had failed to comply with applicable laws and regulations in its administration of the ARF at 887 Potrero Avenue. To bring the facility into compliance, CCL required that DPH prepare a corrective action plan, which DPH prepared and submitted to CCL on October 15, 2018. This plan lays out the steps DPH has taken and will continue to take, including training and monitoring, to ensure that the ARF operates in full compliance with all applicable standards.

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BOARD of SUPERVISORS



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MEMORANDUM

TO: Dr. Grant Colfax, Director, Department of Public Health
Micki Callahan, Director, Department of Human Resources

FROM: John Carroll, Assistant Clerk, Government Audit and Oversight
Committee, Board of Supervisors

DATE: September 18, 2019

SUBJECT: LEGISLATION INTRODUCED

The Board of Supervisors' Government Audit and Oversight Committee has received the following proposed legislation, introduced by Supervisor Ronen on September 10, 2019:

File No. 190928

Ordinance amending the Health Code to require the Department of Public Health to maintain and operate at full capacity a 55-bed adult residential facility.

If you have any 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.

c: Greg Wagner, Department of Public Health
Dr. Naveena Bobba, Department of Public Health
Sneha Patil, Department of Public Health
Susan Gard, Department of Human Resources

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO
2019 SEP 10 PM 4:37
Time stamp
or meeting date

Introduction Form

By a Member of the Board of Supervisors or the Mayor

I hereby submit the following item for introduction (select only one):

- 1. For reference to Committee.
An ordinance, resolution, motion, or charter amendment.
- 2. Request for next printed agenda without reference to Committee.
- 3. Request for hearing on a subject matter at Committee.
- 4. Request for letter beginning "Supervisor [] inquires"
- 5. City Attorney request.
- 6. Call File No. [] from Committee.
- 7. Budget Analyst request (attach written motion).
- 8. Substitute Legislation File No. []
- 9. Request for Closed Session (attach written motion).
- 10. Board to Sit as A Committee of the Whole.
- 11. Question(s) submitted for Mayoral Appearance before the BOS on []

Please check the appropriate boxes. The proposed legislation should be forwarded to the following:

- Small Business Commission Youth Commission Ethics Commission
- Planning Commission Building Inspection Commission

Note: For the Imperative Agenda (a resolution not on the printed agenda), use a Imperative

Sponsor(s):

Ronen, Haney, Walton, Peskin, Mar

Subject:

Ordinance amending the Health Code to require the Department of Public Health to maintain and operate at full capacity a 55-bed adult residential facility.

The text is listed below or attached:

Please see the attached ordinance.
I kindly request that this ordinance be heard at the Government Audit and Oversight Committee.

Signature of Sponsoring Supervisor: *Kelly Rowe*

For Clerk's Use Only: