

1 [Administrative Code - Procuring Behavioral Health and Public Health Residential Care and
2 Treatment Services]

3 **Ordinance amending the Administrative Code to authorize the Department of Public**
4 **Health to procure behavioral health and public health residential care and treatment**
5 **services for patients of the Department without adhering to the competitive solicitation**
6 **or Local Business Enterprise requirements of the Municipal Code.**

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

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

15 Section 1. Chapter 21A of the Administrative Code is hereby amended by adding
16 Section 21A.4, to read as follows:

17 **SEC. 21A.4. BEHAVIORAL HEALTH AND PUBLIC HEALTH RESIDENTIAL CARE**
18 **AND TREATMENT SERVICES.**

19 **(a) Findings.**

20 (1) On November 4, 2008, the voters approved Proposition T, the “Treatment on
21 Demand Act” requiring the Department of Public Health (“DPH”) to provide an adequate level of free
22 and low-cost medical substance abuse services and residential treatment slots commensurate with the
23 demand for these services. The Treatment on Demand Act requires the City to be flexible in providing
24 various treatment modalities for both residential substance abuse treatment services and medical
25 substance abuse treatment services.

1 (2) In 2019, the City enacted Ordinance No. 300-19, establishing Mental Health SF, a
2 program intended to improve access to mental health and substance use treatment by expanding
3 services to help residents who are experiencing homelessness and reduce excessive wait times and
4 provide adequate resources at every stage of treatment.

5 (3) To carry out the Treatment on Demand Act and Mental Health SF program, DPH
6 contracts with entities that provide residential care and treatment services, including but not limited to
7 residential care facilities, board and care facilities, mental rehabilitation centers, withdrawal
8 management facilities, and residential treatment facilities. Such facilities provide beds, behavioral
9 health treatment, medication, and counseling for DPH patients with behavioral health and substance
10 abuse needs.

11 (4) DPH also assists patients with other urgent public health needs, such as patients
12 with infectious or contagious diseases in need of a temporary isolation or quarantine location, and
13 domestic violence victims in need of temporary housing. Since those circumstances necessarily require
14 a rapid response, DPH must quickly procure services to address those needs from entities that provide
15 public health residential care services. For purposes of this Section, “Services” means the behavioral
16 health residential care and treatment services and the public health residential care services described
17 in subsections (a)(3) and (a)(4).

18 (5) DPH continues to experience waitlists for behavioral health residential care and
19 treatment programs, including for example, as long as four months, depending on the category of bed,
20 based on a June 2020 DPH study. The waitlists for such programs negatively affect the populations
21 served by DPH because people may not be able to access care at the moment they are ready to engage
22 in it, and may continue to experience harm associated with their mental health or substance use
23 disorder while awaiting care. Additionally, patients in need of isolation or quarantine rooms may wait
24 in higher-level acute care facilities if adequate spaces are not readily and quickly available, occupying
25 treatment and care spaces for patients in need of acute care.

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2 (6) Without the authority to quickly procure Services from readily available Service
3 Providers, as defined herein, DPH will continue to experience waitlists for behavioral health treatment
4 programs and services and will not be able to quickly place patients with urgent public health needs in
5 an appropriate location. When there are increases in demand for such Services, DPH needs to be able
6 to respond rapidly to meet the demand. For purposes of this Section 21A.4, "Service Provider" means
7 any entity that provides either behavioral health residential care and treatment Services or public
8 health residential care Services, as described in this subsection (a).

9 (7) The Board of Supervisors hereby finds that the public interest is served by
10 authorizing DPH to timely and efficiently enter into agreements with Service Providers to meet the
11 imminent need for behavioral and public health needs of City residents. In light of this public purpose,
12 DPH may procure such Services without adhering to the competitive solicitation requirements of the
13 Administrative Code, the City's Local Business Enterprise requirements in Chapter 14B of the
14 Administrative Code, or any other applicable competitive solicitation requirement.

15 (b) The Director of Health, or the Director's designee, is hereby authorized to purchase
16 Services from Service Providers directly, without the approval of the Purchaser, and without adhering
17 to the requirements of Section 21.1 or Chapter 14B of the Administrative Code, or any other applicable
18 competitive procurement requirement.

19 (c) By January 31 of each year, DPH shall submit to the Health Commission an annual report
20 that includes the following information for each agreement that DPH executed during the prior fiscal
21 year under the authority of subsection (b): the name of the Service Provider; the Services to be
22 provided under the agreement; the amount of funds conveyed; the duration of the agreement; and any
23 measurable outcomes of the agreement.

1 (d) This Section 21A.4 shall expire by operation of law five years from its effective date. Upon
2 expiration of this Section, the City Attorney is authorized to cause this Section to be removed from the
3 Administrative Code.

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5 Section 2. Effective Date. This ordinance shall become effective 30 days after
6 enactment. Enactment occurs when the Mayor signs the ordinance, the Mayor returns the
7 ordinance unsigned or does not sign the ordinance within ten days of receiving it, or the Board
8 of Supervisors overrides the Mayor’s veto of the ordinance.

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10 APPROVED AS TO FORM:
11 DAVID CHIU, City Attorney

12 By: /s/ Henry L. Lifton
13 HENRY L. LIFTON
 Deputy City Attorney

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