

BOARD of SUPERVISORS



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MEMORANDUM

TO: Helynna Brooke, Behavioral Health Commission
Dr. Grant Colfax, Director, Public Health
Mark Morewitz, Health Commission

FROM: Victor Young, Assistant Clerk *Victor Young*
Rules Committee

DATE: November 25, 2019

SUBJECT: LEGISLATION INTRODUCED

The Board of Supervisors' Rules Committee received the following proposed legislation on November 12, 2019:

File No. 191148

Ordinance amending the Administrative Code to establish Mental Health SF, a mental health program designed to provide access to mental health services, substance use treatment, and psychiatric medications to all adult residents of San Francisco with mental illness and/or substance use disorders who are homeless, uninsured, or enrolled in Medi-Cal or Healthy San Francisco; to establish an Office of Private Health Insurance Accountability to advocate on behalf of privately insured individuals not receiving timely and appropriate mental health care under their private health insurance; to provide that Mental Health SF shall not become operative until either the City's budget has exceeded the prior year's budget by 13%, or the voters have approved a tax that will sufficiently finance the program, or the Board of Supervisors has approved the appropriation of general funds to finance the program; and to establish the Mental Health SF Implementation Working Group to advise the Mental Health Board, the Department of Public Health, the Health Commission, the San Francisco Health Authority, and the Board of Supervisors on the design and implementation of Mental Health SF.

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: victor.young@sfgov.org.

c: Greg Wagner, Public Health
Dr. Naveena Bobba, Pubic Health

1 [Administrative Code - Mental Health SF]

2
3 **Ordinance amending the Administrative Code to establish Mental Health SF, a mental**
4 **health program designed to provide access to mental health services, substance use**
5 **treatment, and psychiatric medications to all adult residents of San Francisco with**
6 **mental illness and/or substance use disorders who are homeless, uninsured, or**
7 **enrolled in Medi-Cal or Healthy San Francisco; to establish an Office of Private Health**
8 **Insurance Accountability to advocate on behalf of privately insured individuals not**
9 **receiving timely and appropriate mental health care under their private health**
10 **insurance; to provide that Mental Health SF shall not become operative until either the**
11 **City's budget has exceeded the prior year's budget by 13%, or the voters have**
12 **approved a tax that will sufficiently finance the program, or the Board of Supervisors**
13 **has approved the appropriation of general funds to finance the program; and to**
14 **establish the Mental Health SF Implementation Working Group to advise the Mental**
15 **Health Board, the Department of Public Health, the Health Commission, the San**
16 **Francisco Health Authority, and the Board of Supervisors on the design and**
17 **implementation of Mental Health SF.**

18 **NOTE:** **Unchanged Code text and uncodified text** are in plain Arial font.
19 **Additions to Codes** are in *single-underline italics Times New Roman font*.
20 **Deletions to Codes** are in *strikethrough italics Times New Roman font*.
21 **Board amendment additions** are in double-underlined Arial font.
22 **Board amendment deletions** are in ~~strikethrough Arial font~~.
23 **Asterisks (* * * *)** indicate the omission of unchanged Code
24 subsections or parts of tables.
25

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

1 Section 1. Chapter 15 of the Administrative Code is hereby amended by adding
2 Section 15.104, to read as follows:

3
4 **SEC. 15.104. MENTAL HEALTH SF.**

5 **(a) Findings.**

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

11 (2) The Department's Behavioral Health Services ("BHS") is the largest provider of
12 behavioral health (mental health and substance use) services, including prevention, early intervention,
13 and treatment services, in the City. The annual budget of the BHS system of care as of Fiscal Year
14 2019-2020 was approximately \$400 million. BHS serves approximately 30,000 individuals with
15 serious mental illness and/or substance use disorders in its clinical care delivery system each year.
16 Yet, San Francisco's behavioral health system has not adequately addressed San Francisco's mental
17 health and substance use crisis.

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

24 (4) These 4,000 people are in critical need of help, as evidenced by their high use of
25 urgent and emergency psychiatric services. They have the highest level of service needs and

1 vulnerability, and require specialized solutions in order to reach stability and wellness. The
2 Department and HSH agree that people experiencing homelessness with both mental health and
3 substance use disorders are the most vulnerable members of our community and require immediate
4 attention and care coordination.

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

9 (6) While, as of 2019, the City is home to 24,500 individuals who use injection
10 drugs, as of 2019 the City has only 335 drug treatment spaces available, of which only 68 spaces are
11 qualified to treat people who have both mental illness and a substance use condition.

12 (7) The inability to receive timely treatment has discouraged many people from
13 accessing the services they need. Wait times for services are a major barrier to treatment, but the
14 Department's BHS program as of 2019 lacks a systematic way to track the availability of spots in
15 treatment programs in real time.

16 (8) Individuals who are released from an involuntary detention for evaluation and
17 treatment, also known as a "5150 hold," often face wait times when seeking housing options. For
18 example, as of 2019, some residential care facilities have wait lists of up to seven months, and
19 individuals remain in jail or locked facilities without justification other than the lack of an available,
20 suitable alternative.

21 (9) As of 2019, an estimated 31,000 people in San Francisco lack health insurance.
22 San Francisco's behavioral health system has not been able to adequately address the challenges faced
23 by uninsured people who need mental health or substance use services. This is consistent with the
24 findings in a national study, in which 47% of respondents with a mood disorder, anxiety, or substance
25 use condition who said they needed mental health care, cited cost or not having health insurance as a

1 reason why they did not receive that care. The failure to adequately serve this population in San
2 Francisco is apparent in the number of people unhoused on the streets in obvious need of mental health
3 and substance use treatment. The Department's Coordinated Case Management System data from
4 2016-2018 reveal that 11% of people experiencing homelessness who die in San Francisco never used
5 City health or social services.

6 (10) Individuals with serious behavioral health needs are disproportionately
7 represented in the criminal legal system. Researchers have concluded that custodial settings
8 exacerbate behavioral health conditions and that the absence of sufficient and appropriate services for
9 this population makes them far more likely to re-offend upon release.

10 (11) Under federal law, most inmates lose eligibility for Medi-Cal benefits while in
11 jail. Upon release from custody, because insufficient efforts are made to line up benefits pre-release,
12 inmates' Med-Cal benefits continue to be suspended until they re-enroll or the county enrolls them.
13 The gap in benefits is one reason why some people who are released from jail are left to wander the
14 streets with no treatment plan or coordinated care.

15 (12) Individuals who are criminal system-involved are deprioritized by service
16 providers. According to the Workgroup to Re-envision the Jail, which was formed at the urging of the
17 Board of Supervisors to plan for the permanent closure of County Jail Nos. 3 and 4, criminal system-
18 involved individuals awaiting service placement in the San Francisco County Jail have had to wait five
19 times longer than non-criminal system-involved individuals. As a result, offenders often choose to
20 plead guilty so that they may serve a short sentence and seek access to services upon their release,
21 instead of contesting the charges and going without services while in jail. But releasing the criminal
22 system-involved population with unmet behavioral health needs makes them far more prone to re-
23 offend upon release.

24 (13) A 2018 audit of BHS conducted by the San Francisco Budget and Legislative
25 Analyst ("2018 BHS Audit") found that under the then-current system, which was still operative in

1 2019, BHS does not systematically track waitlist information for mental health and substance use
2 services. Waitlists, when they are maintained, are generally kept by the individual service providers
3 and not aggregated or evaluated by BHS. Because BHS does not compile and track waitlist data in a
4 format that allows for analysis of point-in-time capacity or historical trends, there is limited
5 information about BHS capacity across all mental health and substance use services.

6 (14) The 2018 BHS Audit concluded that an effective mental health services system
7 must develop protocols to transition long-term intensive case management clients to lower levels of
8 care; create better tools to monitor intensive case management waitlists; and ensure that all intensive
9 case management programs regularly report waitlist, wait time, and staff vacancy data.

10 (15) To stop the cycle of people going from residential treatment programs back to
11 the street, the City must create additional long-term housing options, including cooperative living
12 opportunities and permanent supportive housing for people living with mental illness and/or substance
13 use. Studies have shown that providing patients with long-term housing options dramatically reduces
14 substance use relapse and supports patients through continued recovery.

15 (16) To remedy many of the problems discussed above, Mental Health SF is intended
16 to create a seamless system of care where no one will fall through the cracks.

17 **(b) Establishment and Operation of Mental Health SF.**

18 (1) The City hereby establishes Mental Health SF, a comprehensive reform of the
19 City's mental health system. Mental Health SF is designed to provide universal access to treatment for
20 mental illness and substance use disorders, and to provide affordable access to psychiatric
21 medications.

22 (2) Subject to the budgetary and fiscal provisions of the Charter, and any limitations
23 established by this Section 15.104, Mental Health SF shall provide services and medications, as
24 clinically indicated, to every San Francisco Resident aged 18 years old and over who is experiencing
25 homelessness, is uninsured, or is enrolled in Medi-Cal or Healthy San Francisco or awaiting

1 enrollment in Medi-Cal following release from the County Jail, and who is determined by a licensed
2 healthcare professional to present symptoms of serious mental illness and/or substance use disorder, as
3 defined by the most recent version of the American Psychiatric Association Diagnostic and Statistical
4 Manual (DSM). For purposes of this Section 15.104, "Resident" shall have the meaning set forth in
5 Section 95.2 of the Administrative Code, as may be amended from time to time.

6 (3) Mental Health SF shall be operated by the Department under the oversight of the
7 Health Commission, and in consultation with the San Francisco Health Authority. The Director of
8 Mental Health SF shall report to the Director of Health. Where clinically appropriate, Mental Health
9 SF services may be provided by the Department's BHS.

10 (4) The Director of Health or the Director's designee may adopt rules, regulations,
11 and guidelines to carry out the provisions and purposes of this Section 15.104.

12 (c) **Populations Served.**

13 (1) **Persons Experiencing Homelessness.** The primary focus of Mental Health SF is
14 to help people with serious mental illness and/or substance use disorders who are experiencing
15 homelessness get off of the street and into treatment. Persons who are experiencing homelessness and
16 who are diagnosed with a serious mental illness and/or a substance use disorder shall have low-
17 barrier, expedited access to treatment and prioritized access to all services provided by Mental Health
18 SF.

19 (2) **Uninsured Persons.** Because untreated mental illness and substance use
20 disorders can lead to psychiatric or other medical emergencies as well as homelessness, Mental Health
21 SF shall serve all persons who lack health insurance and who require treatment for a serious mental
22 illness and/or substance use disorder.

23 (3) **Persons Enrolled in Healthy San Francisco.** Persons enrolled in Healthy San
24 Francisco shall have access to mental health and substance use treatment through Mental Health SF.

1 (4) **Persons Enrolled in Medi-Cal with Serious Mental Illness.** Persons who are
2 enrolled in a Medi-Cal managed care plan and receive mental health services or substance use services
3 from the Department's Community Behavioral Health Services under California's Medi-Cal Specialty
4 Mental Health Services Waiver shall be served by Mental Health SF.

5 (5) **Individuals upon Release from the County Jail.** Persons who are released from
6 the County Jail, prior to their enrollment by the City in Medi-Cal, shall be served by Mental Health SF.

7 (d) **Recovery of Costs.**

8 To leverage funding for Mental Health SF and reimburse the Department for the costs of
9 providing care, the Department shall:

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

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

15 (e) **Fees.**

16 (1) Persons who lack health insurance and reside in a household with a household
17 income of less than 500% of the Federal Poverty Level may be asked to pay an upfront fee for the
18 mental health services and medications provided through Mental Health SF, based on a sliding scale
19 fee structure set by the Director of Health, and as determined by a verbal confirmation of income and
20 other financial factors.

21 (2) Persons who lack health insurance and reside in a household with a household
22 income at or above 500% of the Federal Poverty Level shall pay a fee for services based on a sliding
23 scale fee structure set by the Director of Health.

24 (3) No person shall be denied services due to the inability to pay fees.

25 (f) **Governing Principles.**

1 The following eleven principles shall govern the design and implementation of Mental Health
2 SF.

3 (1) **Prioritization of Mental Health Services for People in Crisis or Experiencing**
4 **Homelessness.** Mental Health SF shall prioritize serving individuals in crisis, particularly those
5 individuals who are experiencing homelessness.

6 (2) **Low Barriers to Services.** Mental Health SF's top priority shall be to provide
7 timely and easy access to mental health services and substance use treatment to any eligible San
8 Francisco Resident who needs such services, regardless of treatment history or involvement in the
9 justice system. Mental Health SF shall work to identify and remove barriers to services and treatment,
10 including but not limited to, unnecessary paperwork, excessive referrals, over-reliance on
11 appointments, unnecessary rules and regulations, and bureaucratic obstacles to care that are not
12 required to comply with governing law or best medical practices.

13 (3) **Customer-Focused Services.** Mental Health SF shall provide professional,
14 friendly, nonjudgmental services, and shall treat all patients with dignity and respect. Mental Health
15 SF shall empower patients to make informed treatment decisions by providing them with timely and
16 thoroughly explained medical information and care options. The Mental Health Service Center
17 referenced in subsection (g)(1) shall strive to meet the City's customer service standards set forth by
18 the Controller.

19 (4) **Harm Reduction.** Mental Health SF shall be required to respect the rights of
20 people who engage in illegal, self-harming, or stigmatized behaviors, and shall work with patients to
21 minimize the physical, social, emotional, and economic harms associated with these behaviors, rather
22 than ignoring these harms or condemning the behavior causing or associated with these harms.
23 Mental Health SF shall treat all patients with dignity and compassion, and shall provide care without
24 judgment, coercion, discrimination, or a requirement that clients stop engaging in self-harming
25 behaviors as a precondition to receiving care.

1 (5) **Treatment on Demand.** The Department, through its operation of Mental
2 Health SF, shall comply with the Treatment on Demand Act (Administrative Code Chapter 19A, Article
3 III) by maintaining an adequate level of free and low-cost medical substance use services and
4 residential treatment slots, commensurate with the demand for such services. Mental Health SF shall
5 also maintain an adequate level of mental health services, commensurate with the demand for such
6 services.

7 (6) **Involuntary Treatment and Conservatorships.** Mental Health SF shall use a
8 wide array of compassionate and flexible treatment options to engage vulnerable individuals who are
9 averse to accepting appropriate voluntary treatment. In cases where an individual demonstrates a
10 persistent inability or unwillingness to engage in clinical intervention and after a good faith effort has
11 been made to connect such an individual with voluntary treatment, Mental Health SF shall utilize
12 existing involuntary treatment options such as 5150 holds, conservatorship, and locked wards, where
13 clinically appropriate, in compliance with state and local law and contingent upon availability of
14 appropriate treatment programs.

15 (7) **Integrated Services.** Mental Health SF shall seek to provide full integration of
16 mental health and substance use services to ensure that patients experience treatment as one seamless
17 and completely coordinated system of care, organized around their individual needs. Nevertheless,
18 Mental Health SF shall not require that patients participate in substance use or mental health
19 treatment as a condition of accessing other medical services.

20 (8) **Coordinated Communication.** Mental Health SF shall facilitate communication
21 between the network of programs offered by the City to ensure patient-centered coordination of care,
22 maximum efficiency, and strong communication concerning an individual's care. It shall coordinate
23 with a patient's chosen caregivers and facilitate the sharing of information between them, to the extent
24 authorized by law.

1 (9) **Culturally Competent Services.** Mental Health SF shall develop culturally-
2 competent services that are tailored to populations that are disproportionately affected by
3 homelessness and that experience health disparities in comparison to City residents as a whole.
4 Mental Health SF shall provide equitable and respectful care and services that are responsive to
5 diverse cultural beliefs and practices about health, mental health, and substance use. Mental Health
6 SF shall comply with the San Francisco Language Access Ordinance (Administrative Code Chapter 91)
7 by providing information and services to the public in each language spoken by a substantial number of
8 limited English proficient persons, as defined in Section 91.2 of the Administrative Code.

9 (10) **Data- and Research-Driven.** Mental Health SF shall be driven by evidence-
10 based best practices, data, research, and a comprehensive needs assessment.

11 (11) **Housing.** Sound mental health requires more than medical services. Housing is
12 as important as health care and treatment services. For many people, recovery is not possible on the
13 street. People with behavioral health disorders need permanent supportive housing to recover and
14 maintain their health. In collaboration with the Department, HSH shall prioritize Mental Health SF
15 clients who are experiencing both homelessness and a serious mental illness or substances disorder for
16 wraparound services and appropriate housing.

17 (g) **Key Components.**

18 There are five key components of Mental Health SF:

19 (1) **PART ONE: Establishment of the Mental Health Service Center.** Mental
20 Health SF shall operate a Mental Health Service Center that shall serve as a centralized access point
21 for patients who seek access to mental health and/or substance use treatment, psychiatric medications,
22 and subsequent referral to longer-term care. The Mental Health Service Center shall be opened within
23 two years of the operative date of this Section 15.104.

24 (A) **Physical Building.** The Mental Health Service Center shall be located in
25 a building or buildings that are owned or leased by the City, and accessible by public transportation.

1 It shall provide services 24 hours a day, 7 days a week, and shall be accessible to persons with
2 disabilities, in compliance with the American with Disabilities Act (42 U.S.C. §§ 12101 et seq.).

3 (B) **Staffing.** The Mental Health Service Center shall be operated by the
4 Department, shall be staffed by City employees and, subject to the civil service provisions of the
5 Charter, by employees of academic institutions with whom the Department may enter into agreements
6 for the provision of medical services. The Mental Health Service Center shall be adequately staffed to
7 ensure that wait times for services are not excessive during peak hours or otherwise. The Mental
8 Health Service Center shall ensure that the following staff shall be available at all times: staff who can
9 diagnose mental health and substance use disorders and staff who can prescribe medications. Staff
10 whose responsibility it is to fulfill prescriptions shall be available to meet patient demand. If security
11 services are required at sites operated by the Department, the Sheriff shall provide such services.

12 (C) **Services.** The Mental Health Service Center shall provide the following
13 services on-site to patients. If the Mental Health Service Center is located in multiple buildings, the
14 following services may be offered from any location that is designated as part of the Mental Health
15 Service Center, and are not required to be provided at every such location.

16 (i) **Assessment of Immediate Need.** Upon a patient's arrival at the
17 Mental Health Service Center, a licensed healthcare professional shall assess a patient's need for
18 immediate medical treatment to determine whether care should be provided at the Mental Health
19 Service Center, the Emergency Room at Zuckerberg San Francisco General Hospital ("General
20 Hospital"), the Psychiatric Emergency Services ("PES") unit of General Hospital, or other
21 appropriate facilities.

22 (ii) **Psychiatric Assessment, Diagnosis, Case Management, and**
23 **Treatment.** The Mental Health Service Center shall provide patients with on-site consultations with a
24 licensed healthcare professional. Where clinically indicated and appropriate, the healthcare
25 professional who conducts the consultation shall provide diagnoses and/or refer patients to an on-site

1 licensed healthcare professional for evaluation for medications and/or treatment. Where clinically
2 indicated and appropriate, the licensed healthcare professional who conducts the evaluation shall
3 create a treatment plan, prescribe medications, assign patients to an appropriate level of case
4 management, and/or refer patients who require ongoing care management to a BHS program offering
5 the appropriate level of care.

6 (iii) **Pharmacy Services.** There shall be a pharmacy on the premises
7 of the Mental Health Service Center. The pharmacy shall stock medications used to treat mental health
8 and substance use conditions, and shall ensure that such medications are not cost-prohibitive to
9 patients. The pharmacy shall be open seven days a week, including evenings.

10 (iv) **Mental Health Urgent Care.** Mental Health SF shall include a
11 Mental Health Urgent Care Unit that shall offer clinical intervention for individuals who are
12 experiencing escalating psychiatric crisis and who require rapid engagement, assessment, and
13 intervention to prevent further deterioration into an acute crisis or hospitalization. Such facility may,
14 but shall not be required to be, located at the Mental Health Service Center.

15 (v) **Transportation.** Mental Health SF shall provide prompt,
16 accompanied transportation from the Mental Health Service Center to off-site treatment programs.
17 Mental Health SF shall also provide transportation to individuals released from San Francisco County
18 Jail and General Hospital's PES unit to the Mental Health Service Center.

19 (vi) **Drug Sobering Center.** Mental Health SF shall include at least
20 one Drug Sobering Center that shall offer clinical support and beds at a clinically appropriate level of
21 care for individuals who are experiencing psychosis due to drug use. The Drug Sobering Center shall
22 coordinate with the Mental Health Service Center to provide clinically trained psychiatric services for
23 patients with dual mental health and drug use diagnoses.

24 (2) **PART TWO: Establishment of the Office of Coordinated Care.** The
25 Department shall operate an Office of Coordinated Care to oversee the seamless delivery of mental

1 health care and substance use services across the City's behavioral health systems, and to ensure that
2 Mental Health SF is accountable and proactive in how it delivers care. The Office of Coordinated
3 Care shall seek to ensure that services are provided to Mental Health SF participants in the most
4 efficient and cost-effective way and shall minimize unnecessary bureaucracy. The Office of
5 Coordinated Care shall be staffed by City employees. The Office of Coordinated Care shall perform
6 the following functions:

7 (A) **Real-time Inventory of Program and Service Availability.** The Office of
8 Coordinated Care shall be responsible for conducting and maintaining an up-to-date inventory of
9 available openings in all City-operated and City-funded mental health and substance use programs,
10 and to the extent that data is practically available, in private, state, and federal facilities that offer
11 mental health and substance use programs.

12 (B) **Case Management and Navigation Services to Ensure a Continuum of**
13 **Care.** Every patient who receives care from Mental Health SF shall have a treatment plan. The Office
14 of Coordinated Care shall ensure that a case manager is assigned to patients who require case
15 management services. Case managers will proactively work with patients to follow their treatment
16 plan. There shall be three classifications of case managers.

17 (i) Case Managers shall provide ongoing assistance to patients who
18 need help complying with their treatment plans. Case Managers shall provide assistance to patients at
19 low-to-moderate levels of acuity who may need supervision or assistance to follow their treatment
20 plans.

21 (ii) Intensive Case Managers shall provide ongoing assistance to
22 patients with acute and chronic mental health or substance use disorders who require additional
23 support to remain engaged in treatment. Specific populations of patients who shall be served by
24 Intensive Case Managers include: individuals who are homeless with serious mental illness and/or
25 substance use disorders, high users of medical or psychiatric emergency services, and individuals

1 involved with the criminal legal system. The ratio of Intensive Case Managers to patients shall be set
2 with due consideration given to the recommendations of the Mental Health SF Implementation Working
3 Group (“Implementation Working Group”) established in Article XLIV of Chapter 5 of the
4 Administrative Code, and shall be significantly lower than the patient-to-staff ratio of Case Managers.

5 (iii) Critical Care Managers shall provide ongoing assistance to
6 individuals with acute and/or chronic mental health and/or substance use disorders who have
7 previously refused engagement in services or treatment for such disorders. For patients with treatment
8 plans, Critical Case Managers shall locate patients who are no longer accessing the services
9 delineated in their treatment plans and reconnect those patients to the continuum of care, as
10 appropriate. Critical Case Managers shall coordinate and work with the Crisis Response Street Team
11 to identify individuals who may benefit from their services. Critical Case Managers shall have the
12 lowest staff-to-patient ratio among all categories of case managers in order to provide daily, highly
13 intensive, life-saving support to the patients they serve.

14 (C) **Coordination with Psychiatric Emergency Services and Jail Health**
15 **Services.** The Office of Coordinated Care shall coordinate with General Hospital’s PES unit and the
16 Department’s Jail Health Services to ensure that all PES patients, including people who have been
17 detained involuntarily on a 5150 hold, and people who are exiting the County Jail system with a mental
18 health diagnosis, receive a treatment plan and are offered a case manager for patients who require
19 case management services. The Office of Coordinated Care shall coordinate with the Department’s
20 Jail Health Services to ensure that all people held in jail are given the opportunity to enroll in Medi-
21 Cal prior to release, so that they may access Medi-Cal benefits upon release.

22 (D) **Data Collection.** The Office of Coordinated Care shall oversee the
23 collection, analysis, and maintenance of the data necessary to operate and evaluate an effective system
24 of care for adults suffering from mental illness and/or substance use disorders in San Francisco, and
25 shall collect and analyze data points as recommended by the Implementation Working Group. At a

1 minimum, the Office of Coordinated Care shall collect and analyze data sufficient to allow the
2 Department, the Mayor, and the Board of Supervisors to make informed decisions about how to
3 prioritize resources so that individuals may move seamlessly through different levels of care without
4 excessive wait times or impediments. City officials and agencies shall cooperate with these data
5 collection efforts.

6 (E) **Authorized Disclosures.** To facilitate its evaluation of Mental Health SF,
7 and to better coordinate care for its participants, the Office of Coordinated Care may seek the
8 disclosure of information about patients' health conditions and involvement in the criminal legal
9 system, where not prohibited by state or federal law or by the Charter or by other City law.

10 (F) **Marketing and Community Outreach.** Mental Health SF shall strive to
11 promote its services to both potential patients and the general public. In order to achieve this goal, the
12 Office of Coordinated Care shall oversee the creation of a marketing and outreach campaign. This
13 campaign shall include targeted branding and media outreach headed by a public relations team
14 whose main goal and focus is to make all Mental Health SF services known and accessible to the
15 public.

16 (3) **PART THREE: Coordinated Outreach Teams and the Establishment of the**
17 **Crisis Response Street Team.**

18 (A) The Crisis Response Street Team shall be a city-wide crisis team led by
19 the Department that operates 24 hours per day, 7 days per week, to intervene with people on the street
20 who are experiencing a substance use or mental health crisis, with the goal of engaging them and
21 having them enter into a system of treatment and coordinated care. A marketing strategy shall be
22 implemented to ensure that the public becomes familiar with the specific telephone number to call to
23 engage the assistance of the Crisis Response Street Team. The public shall also be able to find this
24 team by dialing 311 or, in the case of emergency, 911, and can report someone in need of services
25 through these channels. This team shall coordinate with the Office of Coordinated Care to assign case

1 managers where needed to establish trust and rapport with individuals who refuse to access services
2 and who are not eligible for conservatorship.

3 (B) All City outreach teams aimed at meeting the needs of people
4 experiencing homelessness, including but not limited to the Crisis Response Street Team, shall
5 coordinate their deployments and share information with one another, to the extent permissible by law,
6 to ensure that services and outreach to individuals are guided by data, best practices, and past
7 experience.

8 (4) **PART FOUR: Mental Health and Substance Use Treatment Expansion.** A
9 critical component of Mental Health SF is the expansion of mental health services to eliminate
10 excessive wait times and to ensure that individuals being served are in the least restrictive environment
11 possible. Fundamental to an effective continuum of care model is providing adequate resources at
12 each stage of treatment. The expansion of services shall enable the Department to offer mental health
13 treatment on demand. The expansion of services shall not replace or substitute for current levels of
14 service, but shall build upon current levels of services and address current gaps in service.

15 Although the Implementation Working Group shall make recommendations as to the nature and
16 scope of expansion of services, priority shall be given to hiring additional case managers as referenced
17 in subsection (g)(2)(B) of this Section 15.104, as well as to expanding the following types of residential
18 treatment options across the entire continuum of care:

19 (A) Crisis residential treatment services, including but not limited to, acute
20 diversion, crisis stabilization, detoxification, and 24-hour respite care;

21 (B) Secure inpatient hospitalization for individuals, including persons who are
22 conserved, who meet the criteria for involuntary detention and treatment;

23 (C) Transitional residential treatment beds; and

1 (D) Long-term supportive housing, including, but not limited to, cooperative
2 living settings with 24/7 off-site case management, single-room occupancy units in supportive housing
3 buildings, and adult residential facilities (also known as “board and care homes”).

4 (5) **PART FIVE: Establishment of the Office of Private Health Insurance**

5 **Accountability.** The City shall establish an Office of Private Health Insurance Accountability
6 (“OPHIA”).

7 (A) OPHIA shall, in the reasonable exercise of discretion on behalf of San
8 Francisco Residents of all ages who have private health insurance, advocate for such persons when
9 they are not receiving the timely or appropriate mental health care services to which they are entitled
10 under their health insurance policies.

11 (B) OPHIA shall provide Insurance Navigators who will advocate with
12 private insurance companies and private mental health care providers on behalf of San Francisco
13 Residents who are seeking treatment and have been denied or tentatively denied timely services.

14 (C) OPHIA shall collect data on privately insured patients’ ability to access
15 mental health care under their insurance, and wait times to access that care. Within one year of the
16 operative date of this Section 15.104, and annually thereafter, OPHIA shall submit to the Board of
17 Supervisors a report summarizing the data it has collected.

18 (D) OPHIA shall advise individuals about mental health resources that are
19 available to any San Francisco Resident including, but not limited to, the Suicide Hotline, the Warm
20 Line, support groups, detoxification programs, crisis programs, and any other public services.

21 (E) OPHIA shall report to the Office of the City Attorney any information it
22 collects that evidences violations of laws that prohibit health insurance providers from imposing limits
23 on mental health benefits that are less favorable than limits imposed on medical/surgical benefits.

24 OPHIA shall also report to the City Attorney any information that it collects regarding health network
25

1 adequacy, timely access to care, and evaluations concerning the clinical appropriateness of treatment,
2 under private health insurance policies.

3 (h) **Evaluation and Accountability.**

4 (1) **Bi-annual Report.** Within six months of the operative date of this Section
5 15.104, and every six months thereafter, the Director of Mental Health SF, in consultation with the
6 Director of the Office of Coordinated Care and the Director of Health, shall submit a report to the
7 Board of Supervisors summarizing the operational, programmatic, and budgetary aspects of Mental
8 Health SF.

9 (2) **Audit.** Within two years of the operative date of this Section 15.104, and every
10 four years thereafter until 2030, the Controller shall conduct an audit of the City's behavioral health
11 system.

12 (3) **Annual Implementation Plan.** By no later than February 1, 2021, and annually
13 thereafter, the Department shall submit to the Mayor and the Board of Supervisors an Implementation
14 Plan for Mental Health SF, along with a proposed resolution to accept the Implementation Plan. The
15 Implementation Plan shall:

16 (A) Describe the services that will be required to address the behavioral
17 health and housing needs of individuals eligible to participate in Mental Health SF in the next fiscal
18 year;

19 (B) Estimate the financial resources necessary to provide the services that
20 will be required to address the behavioral health and housing needs of individuals eligible to
21 participate in Mental Health SF in the next fiscal year;

22 (C) To the extent that it may be infeasible to deliver all of the services
23 required to address the behavioral health and housing needs of individuals eligible to participate in
24 Mental Health SF in the next fiscal year, propose a method of prioritizing those services, and a
25 timetable for implementing them in the next fiscal year, or in subsequent years; and

1 (D) Propose a plan to finance those behavioral health and/or housing
2 services that are prioritized and proposed to be implemented in the next fiscal year, including, where
3 appropriate, new revenue sources, incremental general fund increases, and/or reallocation of existing
4 appropriations to meet the Implementation Plan’s prioritized goals for the next fiscal year.

5 The Board of Supervisors shall approve or disapprove the Implementation Plan by resolution
6 within four months of its submission to the Board, or may refer the Implementation Plan back to the
7 Department for revision.

8 (i) **Undertaking for the General Welfare.** In enacting and implementing this Section
9 15.104, the City is assuming an undertaking only to promote the general welfare. It is not assuming,
10 nor is it imposing on its officers and employees, an obligation for breach of which it is liable in money
11 damages to any person who claims that such breach proximately caused injury.

12 (j) **No Conflict with Federal or State Law.** Nothing in this Section 15.104 shall be
13 interpreted or applied so as to create any requirement, power, or duty in conflict with any federal or
14 state law.

15 (k) **Severability.** If any section, subsection, sentence, clause, phrase, or word of this Section
16 15.104, or any application thereof to any person or circumstance, is held to be invalid or
17 unconstitutional by a decision of a court of competent jurisdiction, such decision shall not affect the
18 validity of the remaining portions or applications of the Section. The Board of Supervisors hereby
19 declares that it would have passed this Section 15.104 and each and every section, subsection,
20 sentence, clause, phrase, and word not declared invalid or unconstitutional without regard to whether
21 any other portion of this Section or application thereof would be subsequently declared invalid or
22 unconstitutional.

23
24 Section 2. Chapter 5 of the Administrative Code is hereby amended by adding Article
25 XLIV, consisting of Sections 5.44-1 through 5.44-5, to read as follows:

1
2 **ARTICLE XLIV: MENTAL HEALTH SF IMPLEMENTATION WORKING GROUP**

3
4 **SEC. 5.44-1. ESTABLISHMENT OF WORKING GROUP.**

5 The Mental Health SF Implementation Working Group (“Implementation Working Group”) is
6 hereby established.

7 **SEC. 5.44-2. MEMBERSHIP.**

8 (a) The Implementation Working Group shall consist of 11 members, appointed by the
9 Mayor and the Board of Supervisors.

10 (b) Seats 1-11 shall be filled as follows:

11 (1) Seat 1 shall be held by a person with expertise working on behalf of healthcare
12 workers, appointed by the Board of Supervisors.

13 (2) Seats 2 and 3 shall each be held by a person who identifies as having a mental
14 health condition or identifies as having both a mental health condition and substance use condition
15 (“dual diagnosis”), and who has accessed mental health or substance use services in San Francisco,
16 appointed by the Mayor and the Board of Supervisors, respectively.

17 (3) Seat 4 shall be held by a City peace officer, emergency medical technician, or
18 firefighter (“First Responder”) with expertise in mental health and/or substance use treatment,
19 appointed by the Mayor.

20 (4) Seat 5 shall be held by a substance use treatment provider with expertise in
21 mental health treatment and harm reduction, appointed by the Board of Supervisors.

22 (5) Seat 6 shall be held by a mental health or substance use treatment provider with
23 experience working with criminal system-involved patients, appointed by the Board of Supervisors.

1 (6) Seat 7 shall be held by a psychiatrist or other behavioral health professional
2 with expertise providing services to transitional age youth (ages 18-24) in San Francisco, appointed by
3 the Board of Supervisors.

4 (7) Seat 8 shall be held by a person with experience in the management or operation
5 of residential treatment programs, appointed by the Mayor.

6 (8) Seat 9 shall be held by an employee of the Department of Public Health with
7 expertise in working with dually diagnosed persons, appointed by the Mayor.

8 (9) Seat 10 shall be held by a person with experience providing supportive housing
9 in San Francisco, appointed by the Board of Supervisors.

10 (10) Seat 11 shall be held by an employee of the Department of Public Health with
11 experience in health systems or hospital administration, appointed by the Mayor.

12 **SEC. 5.44-3. ORGANIZATION AND TERMS OF OFFICE.**

13 (a) Members of the Implementation Working Group shall serve two-year terms, beginning
14 on June 1, 2020; provided, however, the term of the initial appointees in Seats 1, 3, 5, 7, and 9 shall be
15 one year, expiring on June 1, 2021.

16 (b) Members of the Implementation Working Group shall serve at the pleasure of their
17 respective appointing authorities, and may be removed by the appointing authority at any time.

18 (c) The Mayor and Board of Supervisors shall make initial appointments to the
19 Implementation Working Group within 90 days of the effective date of this Article XLIV.

20 (d) The Implementation Working Group's inaugural meeting shall be held within 90 days of
21 the effective date of this Article XLIV, provided that a majority of the members have been appointed
22 and are present at the meeting. There shall be at least ten days' public notice of the inaugural meeting.

23 (e) The Implementation Working Group shall meet at least monthly after the inaugural
24 meeting.

1 (f) Any member who misses three regular meetings of the Implementation Working Group
2 within any 12-month period without the express approval of the Implementation Working Group at or
3 before each missed meeting shall be deemed to have resigned from the body 10 days after the third
4 unapproved absence. The Implementation Working Group shall inform the appointing authority for the
5 resigned member's seat of any such resignation.

6 (g) Service on the Implementation Working Group is voluntary and members shall receive
7 no compensation from the City, except that a City employee appointed to Seat 4, 9, or 11 shall receive
8 compensation from the City as an employee, because work on the Implementation Working Group shall
9 be considered part of the employee's work for the City.

10 (h) The Department of Public Health shall provide administrative and clerical support for
11 the Implementation Working Group. All City officials and agencies shall cooperate with the
12 Implementation Working Group in the performance of its functions.

13 (i) One representative from each of the following departments shall attend meetings of the
14 Implementation Working Group to be available for consultation by its members: the Department of
15 Public Health, the Human Services Agency, the Department of Aging and Adult Services, and the
16 Department of Homelessness and Supportive Housing.

17 **SEC. 5.44-4. POWERS AND DUTIES.**

18 (a) The Implementation Working Group shall have the power and duty to advise the Mental
19 Health Board or any successor agency, the Health Commission, the Department of Public Health, the
20 Mayor, and the Board of Supervisors, and may advise the San Francisco Health Authority, on the
21 design, outcomes, and effectiveness of Mental Health SF, established by Section 15.104 of the
22 Administrative Code. The Implementation Working Group shall evaluate the effectiveness of Mental
23 Health SF in meeting the behavioral health and housing needs of eligible participants, by reviewing
24 program data, and shall review and assess the Implementation Plan that is required to be submitted to
25

1 the Mayor and the Board of Supervisors under subsection (h)(3) of Section 15.104 of the Administrative
2 Code.

3 (b) The Implementation Working Group shall work with the Controller to conduct a staffing
4 analysis of both City and nonprofit mental health services providers to determine whether there are
5 staffing shortages that impact the providers' ability to provide effective and timely mental health
6 services. If the staffing analysis concludes that there are staffing shortages that impact timely and
7 effective service delivery, the staffing analysis shall also include recommendations regarding
8 appropriate salary ranges that should be established, and other working conditions that should be
9 changed, to attract and retain qualified staff for the positions where there are staffing shortages.

10 (c) By no later than October 1, 2020, and every year thereafter, the Implementation
11 Working Group shall submit to the Board of Supervisors, the Mayor, and the Director of Health a
12 written report on its progress.

13 (d) By no later than June 1, 2021, the Implementation Working Group shall submit to the
14 Board of Supervisors, the Mayor, and the Director of Health its final recommendations concerning the
15 design of Mental Health SF, and any steps that may be required to ensure its successful
16 implementation.

17 (e) Within six months of the effective date of this Article XLIV, the Implementation Working
18 Group shall submit to the Mayor, the Board of Supervisors, and the Director of Health the staffing
19 analysis required by subsection (b).

20 (f) In the event that the actual or projected annual cost of implementing Mental Health SF
21 exceeds \$150 million, as annually adjusted to reflect changes in the Consumer Price Index (the "Cost
22 Cap"), the Implementation Working Group shall submit to the Board of Supervisors, the Mayor, and
23 the Director of Health recommendations for how to reduce the scope of services provided by Mental
24 Health SF in order to reduce annual costs so that they do not exceed the Cost Cap.

25 **SEC. 5.44-5. SUNSET.**

1 *This Article XLIV shall expire by operation of law, and the Implementation Working Group*
2 *shall terminate, on September 1, 2026. After its expiration, the City Attorney shall cause this Article*
3 *XLIV to be removed from the Administrative Code.*
4

5 Section 3. Effective Date; Operative Dates.

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

10 (b) Section 1 of this ordinance, adding Section 15.104 to the Administrative Code,
11 shall not become operative until, but shall become operative upon, the earliest of the following
12 three occurrences:

13 (1) the Controller certifies in writing to the Mayor and the Clerk of the Board of
14 Supervisors that the budget of the City and County of San Francisco for a fiscal year has
15 exceeded the prior fiscal year's budget by 13%; or

16 (2) the Controller certifies in writing to the Mayor and the Clerk of the Board of
17 Supervisors that the voters have approved a ballot measure imposing a new tax, or modifying
18 an existing tax, that will result in revenue sufficient to finance the activities required under
19 Section 15.104; or

20 (3) the City enacts an appropriation ordinance approving the use of funds from
21 the General Fund to sufficiently finance the costs of Mental Health SF.

22 ///

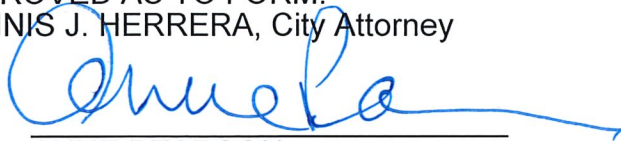
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1 (c) Section 2 of this ordinance, adding Article XLIV to Chapter 5 of the Administrative
2 Code, shall become operative on the effective date of this ordinance.

3
4 APPROVED AS TO FORM:
5 DENNIS J. HERRERA, City Attorney

6 By:



7 ANNE PEARSON
8 Deputy City Attorney

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