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DEPARTMENT OF ELECTIONS

**Submittal Form
For Proposed Initiative Measure(s)
Prior to Submittal to the Department of Elections**

by 4 or more Supervisors or the Mayor

I, hereby submit the following proposed initiative measure(s) for hearing before the Board of Supervisors' Rules Committee prior to the submittal of the proposed initiative measure to the Department of Elections (per Proposition C, November 2007).

This matter is for the **November 5, 2019** Election.


Sponsor(s): Supervisor Ronen

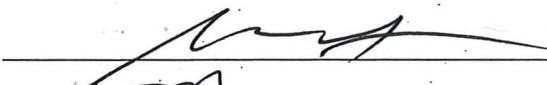
Subject: Initiative Ordinance - Administrative Code - Mental Health SF

The text is listed below or attached:

See attached

Supervisor Ronen 

Supervisor Haney 

Supervisor Walton 

Supervisor Mar 

(Clerk of the Board's Time Stamp)

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PROPOSED INITIATIVE ORDINANCE TO BE SUBMITTED BY FOUR OR MORE SUPERVISORS TO THE VOTERS AT THE NOVEMBER 5, 2019 ELECTION.

[Under Charter Section 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 the deadline for submission of such initiatives to the Department of Elections set in Municipal Elections Code Section 300(b).]

[Initiative Ordinance - Administrative Code - Mental Health SF]

Ordinance amending the Administrative Code to establish Mental Health SF, a universal mental health program designed to provide access to mental health services, substance use treatment, and psychiatric medications to all San Franciscans; 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.

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 15.104, to read as follows:

SEC. 15.104. MENTAL HEALTH SF.

(a) Findings.

(1) As of 2019, the Department of Public Health’s Behavioral Health Services program provides mental health and substance use services to more than 30,000 consumers each year, at an annual cost of approximately \$370 million. Yet, San Francisco’s mental health system has not adequately addressed San Francisco’s mental health and substance use crisis.

(2) Of the 6,704 consumers discharged from the Psychiatric Emergency Services (“PES”) unit at Zuckerberg San Francisco General Hospital in fiscal year 2016-17, 2,562—or 38.2%—were discharged without an outpatient referral or linkage to other mental health services, putting these people at greater risk for mental decompensation and a return to unsafe drug and alcohol use.

(3) While the City and County of San Francisco (“City”) is home to 24,500 injection drug users, as of 2019 the City has only 335 drug treatment spaces available, of which only 68 spaces are qualified to treat people who have both mental illness and a substance use condition.

(4) The inability to receive timely treatment has discouraged many people from accessing the services they need. Wait times for services are a major barrier to treatment, but the City’s Behavioral Health Services program as of 2019 lacks a systematic way to track the availability of spots in treatment programs in real time.

(5) Patients who are released from an involuntary detention for evaluation and treatment, also known as a “5150 hold,” often face wait times when seeking housing options. For example, some residential care facilities have wait lists of up to seven months.

(6) As of 2019, an estimated 31,000 people in San Francisco lack health insurance. San Francisco’s mental health system has not been able to adequately address the challenges faced by uninsured people who need mental health or substance use services. San Franciscans often cite concerns about the lack of health insurance coverage or cost of care as reasons for not seeking mental health care. This is consistent with the findings in a national study, in which 47% of respondents with a mood, anxiety, or substance use condition who said they needed mental health care, cited cost or not

having health insurance as a reason why they did not receive that care. The failure to adequately serve this population in San Francisco is apparent in the number of people wandering the streets in obvious need of mental health and substance use treatment.

(7) From November 2014 to October 2017, 85% of booking events at San Francisco County jails involved individuals with a history of substance use, severe mental illness, or a history of both substance use and severe mental illness. During their time in custody, inmates lose eligibility for Medi-Cal benefits. Upon release from custody, their Medi-Cal benefits continue to be suspended until they re-enroll. This gap in benefits is one reason why many people who are released after a 5150 hold, or a subsequent 14-day hold under Section 5250 of the California Welfare and Institutions Code, are left to wander the streets with no treatment plan or coordinated care.

(8) A 2018 audit of the Department of Public Health's Behavioral Health Services ("BHS") conducted by the San Francisco Budget and Legislative Analyst ("2018 BHS Audit") found that under the current system, BHS does not systematically track waitlist information for mental health and substance use services. Waitlists, when they are maintained, are generally kept by the individual service providers and not aggregated or evaluated by BHS. Because BHS does not compile and track waitlist data in a format that allows for analysis of point-in-time capacity or historical trends, there is limited information about BHS capacity across all mental health and substance use services.

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

(10) To stop the cycle of people going from residential treatment programs back to the street, the City must create additional long-term housing options, including cooperative living opportunities for people living with mental illness and/or substance use. Studies have shown that

providing consumers with long-term cooperative housing options dramatically reduces substance use relapse and supports consumers through continued recovery.

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

(b) **Establishment.** The City hereby establishes Mental Health SF, a universal mental health care program providing access to mental health services, substance use treatment, and psychiatric medications. Subject to the budgetary and fiscal provisions of the Charter, and any limitations established by this Section 15.104, Mental Health SF shall provide mental health services, substance use treatment, and psychiatric medications to every San Franciscan who does not have appropriate and timely access to care. Mental Health SF shall be operated by the Department of Public Health (“Department”) under the oversight of the Health Commission, and in consultation with the San Francisco Health Authority. The Director of Mental Health SF shall report to the Director of Health. The Director may adopt rules, regulations, and guidelines to carry out the provisions and purposes of this Section 15.104.

(c) **Populations Served.**

(1) **Core Patients.** Mental Health SF shall provide a broad range of mental health services, substance use treatment, and psychiatric medications to San Francisco residents who: lack health insurance; are enrolled in Healthy San Francisco; are enrolled in a Medi-Cal managed care plan and receive mental health services from the Department’s Community Behavioral Health Services under California’s Medi-Cal Specialty Mental Health Services Waiver; and/or are released from the County jail, prior to their enrollment in Medi-Cal (collectively, “Core Patients”).

(2) **Bridge Patients.** Mental Health SF shall provide brief, “bridge” services to San Francisco Residents who have health insurance, except for those individuals who are enrolled in a Medi-Cal managed care plan and receive behavioral health services from the Department’s Community Behavioral Health Services under California’s Medi-Cal Specialty Mental Health Services

Waiver (“Bridge Patients”). Mental Health SF shall provide Bridge Patients with access to treatment and medications necessary to prevent an immediate deterioration of their health, while they take steps to obtain services through their health insurance provider. The City shall attempt to recover the costs of any brief service or medication provided to a Bridge Patient from the patient’s insurance provider, to the extent authorized by law and the terms of the patient’s insurance policy, but under no circumstances will deny such brief service or medication because of the inability to recover costs.

(d) **Governing Principles.** The following governing principles shall guide the design and implementation of Mental Health SF.

(1) **Low Barrier.** Mental Health SF’s top priority shall be to provide timely and easy access to mental health services and substance use treatment to any San Franciscan who needs such services. Mental Health SF shall work to identify and remove barriers to services, including but not limited to, unnecessary paperwork, referrals, over-reliance on appointments, unnecessary rules and regulations, and bureaucratic obstacles to care that are not required to comply with governing law.

(2) **Services First.** Mental Health SF shall provide services to all new consumers before determining eligibility for coverage.

(3) **Customer Service.** Mental Health SF shall provide professional, friendly, nonjudgmental services, and shall treat all consumers with dignity and respect. Mental Health SF shall empower consumers to make informed treatment decisions by providing them with timely and thoroughly explained medical information and care options. The Mental Health Service Center shall strive to go above and beyond the customer service standards set forth by the Controller.

(4) **Harm Reduction.** Mental Health SF shall respect the rights of people who engage in illegal, self-harming, or stigmatized behaviors, and shall work with consumers to minimize the harmful effects of such behaviors, rather than ignoring or condemning them. Mental Health SF shall treat all consumers with dignity and compassion, and shall provide care without judgment.

coercion, discrimination, or a requirement that clients stop engaging in self-harming behaviors as a precondition to receiving care.

(5) **Integrated Services.** Mental Health SF shall provide full integration of mental health and substance use services to ensure that consumers experience treatment as one seamless and completely coordinated system of care, organized around their individual needs.

(6) **Coordinated Services.** Mental Health SF shall facilitate communication between the network of programs offered by the City to ensure maximum efficiency and strong communication concerning an individual's care, and shall convene a consumer's caregivers and facilitate the sharing of information between them, to the extent authorized by law.

(7) **Cultural Competency.** Mental Health SF shall provide equitable and respectful care and services that are responsive to diverse cultural beliefs and practices about health. Mental Health SF shall comply with the San Francisco Language Access Ordinance (Administrative Code Chapter 91) by providing information and services to the public in each language spoken by a substantial number of limited English speaking persons.

(8) **Treatment on Demand.** The Department, through its operation of Mental Health SF, shall comply with the Treatment on Demand Act (Administrative Code Section 19A.30) by maintaining an adequate level of free and low-cost medical substance use services and residential treatment slots, commensurate with the demand for such services. Mental Health SF shall also maintain an adequate level of mental health services, commensurate with the demand for such services.

(e) **Establishment of the Mental Health Service Center.** Mental Health SF shall operate a Mental Health Service Center that shall serve as a centralized hub for Core Patients and Bridge Patients who seek access to voluntary, short-term mental health services, psychiatric medications, triage, and subsequent referral to longer-term care and/or substance use treatment. The Mental Health Service Center shall treat consumers at all levels of mental health acuity, with the exception of consumers who are detained for evaluation under Section 5150 or 5250 of the California Welfare and

Institutions Code. The Mental Health Service Center shall be opened by no later than June 1, 2022. The Mental Health Service Center shall not be the only access point for Mental Health SF, nor the only location where mental health and substance use services are offered.

(1) **Physical Building.** The Mental Health Service Center shall be at least one physical building, or parts thereof, accessible by public transportation, and located near other City-funded mental health services. It shall provide full services 24 hours, 7 days a week, and shall be accessible to persons with disabilities, in compliance with the American with Disabilities Act (42 U.S.C. §§ 12101 et seq.).

(2) **Staffing.** The Mental Health Service Center shall be operated by the Department, and subject to the civil service provisions of the Charter, shall be staffed by City employees and employees of academic institutions with whom the Department may enter into agreements for the provision of medical services. The Mental Health Service Center shall be adequately staffed to ensure that wait times for services do not exceed three hours. The Mental Health SF Implementation Working Group, established under Article XLIV of Chapter 5 of the Administrative Code, shall make recommendations as to the appropriate ratio of staff to patients to be maintained based on available data for similar services and patient care needs. The Mental Health Service Center shall ensure that at a minimum, the following staff are available at all times: nurse practitioners, psychiatrists, and peer counselors.

(3) **Services.** The Mental Health Service Center shall provide the following services on-site to Core Patients and Bridge Patients.

(A) **Triage.** Mental Health Service Center staff shall assess a consumer's need for immediate medical treatment upon the consumer's arrival to determine whether care should be provided at the Mental Health Service Center, the Emergency Room at Zuckerberg San Francisco General Hospital ("General Hospital"), the Psychiatric Emergency Services ("PES") unit of General Hospital, or other appropriate facilities.

(B) **Psychiatric Assessment and Treatment.** The Mental Health Service Center shall provide clients with consultations with a psychiatric nurse or psychiatrist on-site. The medical professional who conducts the consultation shall provide a diagnosis, if clinically indicated, and prescription for medication, if needed.

(C) **Pharmacy Services.** There shall be a pharmacy on the premises of the Mental Health Service Center. The cost of all medication shall be fully covered by Mental Health SF. The pharmacy shall stock medications used to treat mental health and substance use conditions.

(D) **Psychosocial Assessment and Services.** Mental Health SF shall provide social workers, including peer counselors, to offer case management to assist consumers to manage their activities of daily living and prepare them to live independently.

(E) **Crisis Stabilization.** Mental Health SF shall have a Crisis Stabilization Unit that shall offer clinical intervention and appropriate beds for individuals who are experiencing escalating psychiatric crisis and who require rapid engagement, assessment, and intervention to prevent further deterioration into an acute crisis or hospitalization.

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

(G) **Outreach Team.** Mental Health SF shall provide staffing for outreach teams that operate 24 hours per day, seven days per week, to conduct outreach to individuals in crisis on the streets who need mental health services and/or substance use treatment.

(f) **Establishment of the Office of Coordinated Care.** Mental Health SF shall operate an Office of Coordinated Care to oversee the seamless delivery of mental health care and substance use services across the City's behavioral health systems, and to ensure that Mental Health SF is accountable and proactive in how it delivers care. Subject to the civil service provisions of the

Charter, the Office of Coordinated Care shall be staffed by City employees. The Office of Coordinated Care shall perform the following functions.

(1) **Real-time Inventory of Program and Service Availability.** Mental Health SF shall be responsible for conducting and maintaining an up-to-date inventory of available space in all City-operated and City-funded mental health and substance use programs.

(2) **Case Management and Navigation Services to Ensure Continuum of Care.** Every Core Patient who seeks care from Mental Health SF shall have a treatment plan. The Office of Coordinated Care shall ensure a continuum of care for all consumers in San Francisco's City-funded and City-operated programs by providing and supervising case managers who are responsible for proactively monitoring compliance with individual treatment plans and identifying appropriate housing placements, as needed, with the goal of securing long term permanent housing. Coordination of care between City-funded and City-operated programs shall occur in compliance with notification protocols adopted by Mental Health SF, after considering recommendations by the Mental Health SF Implementation Working Group, established under Article XLIV of Chapter 5 of the Administrative Code.

(3) **Staffing for Case Management and Navigation Services.**

(A) Treatment Navigators shall work with both Core Patients and Bridge Patients with a low level of mental health acuity to remove barriers to treatment and to ensure that such consumers are accessing care. Treatment Navigators shall locate consumers who are no longer accessing the services delineated in their treatment plan and reconnect those consumers to the continuum of care, as appropriate.

(B) Insurance Navigators shall advocate on behalf of Bridge Patients for timely provision and coverage of the mental health services to which they are entitled under their health insurance policies. Insurance Navigators shall attempt to recover the costs of any service or

medication provided by Mental Health SF to a Bridge Patient from the patient's health insurance provider, to the extent authorized by law and by the patient's insurance policy.

(C) Critical Case Managers shall work with consumers with high mental health acuity to remove barriers to treatment and ensure that consumers are accessing care. Critical Case Managers shall locate consumers who are no longer accessing the services delineated in their treatment plan and reconnect those consumers to the continuum of care, as appropriate. Critical Case Managers shall have a reasonably low staff-to-patient ratio in order to provide daily, highly intensive, life-saving support to the patients they serve.

(4) **Coordination with Psychiatric Emergency Services and Jail Health Services.**

The Office of Coordinated Care shall coordinate with General Hospital's PES unit and the Department's Jail Health Services to ensure that all PES patients, including people who have been detained involuntarily on a 5150 hold, and people who are exiting the County jail system with a mental health diagnosis, receive a treatment plan and coordinated care. The Office of Coordinated Care shall make staff available 24 hours per day, seven days per week, at the PES unit and Jail Health Services to ensure successful transitions and referrals of care.

(5) **Data Collection.** The Office of Coordinated Care shall track and evaluate:

(A) The outcomes of each mental health program funded or operated by the City, including but not limited to the number of persons served by each program, the average duration of patient participation, and patient outcomes upon completion of or release from each program;

(B) The number of persons seeking assistance from Mental Health SF who are denied mental health services and/or substance use treatment, and the reasons for such denials;

(C) The average time it takes for persons seeking assistance from Mental Health SF to get access to mental health services ("wait time") after seeking such services at the Mental Health Service Center;

(D) The number of persons seeking assistance from Mental Health SF who have health insurance, the time it takes to connect them to mental health services and/or substance use treatment through their health insurance, and a description of those services that were sought but denied or never provided by their health insurance.

The Board of Supervisors may by resolution request that the Office of Coordinated Care track and evaluate additional data.

(6) **Reporting.** The Office of Coordinated Care shall provide bi-annual reports to the Board of Supervisors on all data tracked and evaluated in compliance with subsection (f)(5), and shall report on the extent to which Mental Health SF has operated in compliance with the governing principles set forth in subsection (d).

(7) **Institutional Releases.** The Office of Coordinated Care shall collaborate with the Department in an effort to ensure that the City's locked institutions release or discharge individuals during daytime business hours to help connect those individuals to their next level of care or treatment, including but not limited to case management. The Office of Coordinated Care shall collaborate with the Department to ensure compliance with Section 1262.5 of the California Health & Safety Code, as may be amended from time to time, which requires hospitals to develop a hospital discharge policy, including a written homeless patient discharge planning policy and process. The Office of Coordinated Care shall seek to collaborate with the Sheriff to explore and advance the Sheriff's adoption of policies and procedures designed to ensure that persons who are released from locked facilities are released during daytime business hours, and are connected to treatment, including case management, in order to facilitate coordination of treatment or care.

(g) **Service Expansion.** The following City-funded and/or City-operated services shall be expanded to meet need, informed but not bound by recommendations made by the Mental Health SF Implementation Working Group: case management, intensive case management, residential treatment, respite care, detoxification services, PES beds and other secure placement options for individuals who

are a danger to themselves or others, long-term housing, and any other service or program that the Mental Health SF Implementation Working Group advises is essential to meet the needs of consumers, particularly consumers who are members of vulnerable communities, including but not limited to youth, senior citizens, racial minorities, and transgender and gender-nonconforming individuals. The expansion of services shall enable the Department to offer mental health treatment on demand. The expansion of services shall not replace or substitute current levels of service, but shall build upon current services and address current gaps.

(h) **Mental Health Service Emergency.** A Mental Health Service Emergency shall exist when two of the following three conditions exist at the same time: 1) the Department's PES unit is under diversion for at least two days for three consecutive weeks; 2) the wait time for placement in a transitional residential treatment program exceeds two weeks; 3) the wait time for assignment to intensive case management services exceeds two weeks. Commencing one year after the effective date of this Section 15.104, upon confirming that a Mental Health Service Emergency exists, the Department shall notify the Health Commission, the Board of Supervisors, and the Mayor of such emergency in writing. Upon receipt of the notice of Mental Health Service Emergency, the Health Commission shall schedule a hearing on the Mental Health Service Emergency. At such hearing, the Department shall testify as to the reasons for the Mental Health Service Emergency, and the steps the Department is taking to address the Mental Health Service Emergency. Following the hearing, the Health Commission shall submit a report to the Board of Supervisors advising the Board of the steps the Department intends to take to address the Mental Health Service Emergency.

(i) **Undertaking for the General Welfare.** In enacting and implementing this Section 15.104, 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.

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

(k) **Severability.** If any subsection, sentence, clause, phrase, or word of this Section 15.104, or any application thereof to any person or circumstance, is held to be invalid or unconstitutional by a decision of a court of competent jurisdiction, such decision shall not affect the validity of the remaining portions or applications of this Section. The People of the City and County of San Francisco hereby declare that they would have adopted this Section 15.104 and each and every subsection, sentence, clause, phrase, and word not declared invalid or unconstitutional without regard to whether any other portion of this Section or application thereof would be subsequently declared invalid or unconstitutional.

(l) **Amendment.** This Section 15.104 may be amended by ordinance passed by a two-thirds' vote of the Board of Supervisors so long as such amendments are consistent with and further the intent of this Section.

Section 2. Chapter 5 of the Administrative Code is hereby amended by adding new Article XLIV, consisting of Sections 5.44-1 through 5.44-6, to read as follows:

ARTICLE XLIV: MENTAL HEALTH SF IMPLEMENTATION WORKING GROUP

SEC. 5.44-1. ESTABLISHMENT OF WORKING GROUP.

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

SEC. 5.44-2. MEMBERSHIP.

The Implementation Working Group shall consist of eleven members, all of whom shall be appointed by the Board of Supervisors. Members shall serve two-year terms, beginning on March 1, 2020; provided, however, the term of the initial appointees in Seats 1, 3, 5, 7, and 9 shall be one year, expiring on March 1, 2021.

(a) Seat 1 shall be held by a person with expertise working on behalf of healthcare workers.

(b) Seats 2 and 3 shall each be held by a person who identifies as having a mental health condition or identifies as having a mental health condition and substance use condition (“dual diagnosis”), and who has accessed mental health or substance use services in San Francisco.

(c) Seat 4 shall be held by a person who identifies as having a substance use condition or a dual diagnosis, and who has accessed mental health or substance use services in San Francisco.

(d) Seat 5 shall be held by a person with expertise in substance use treatment and harm reduction.

(e) Seat 6 shall be held by a psychiatrist with experience working with vulnerable communities.

(f) Seat 7 shall be held by a behavioral health professional with expertise providing services to transitional age youth in San Francisco.

(g) Seat 8 shall be held by a person with experience in the management or operation of residential treatment programs.

(h) Seat 9 shall be held by a medical professional with expertise in working with dually diagnosed persons.

(i) Seat 10 shall be held by a person with experience providing supportive housing in San Francisco.

(j) Seat 11 shall be held by a person with experience in health systems or hospital administration.

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

(a) Members of the Implementation Working Group shall serve at the pleasure of the Board of Supervisors, and may be removed by the Board of Supervisors at any time.

(b) The Board of Supervisors shall make initial appointments to the Implementation Working Group by no later than March 1, 2020.

(c) The Implementation Working Group's inaugural meeting shall be held no later than April 1, 2020, provided that a majority of the members have been appointed and are present at the meeting. The Implementation Working Group shall meet at least monthly thereafter.

(d) Any member who misses three regular meetings of the Implementation Working Group within any 12-month period without the express approval of the Implementation Working Group at or before each missed meeting shall be deemed to have resigned from the Implementation Working Group 10 days after the third unapproved absence. The Implementation Working Group shall inform the Board of Supervisors of any such resignation.

(e) Service on the Implementation Working Group is voluntary and members shall receive no compensation from the City.

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

SEC. 5.44-4. POWERS AND DUTIES.

(a) The Implementation Working Group shall have the power and duty to advise the Mental Health Board, or any successor agency, the Health Commission, the Department of Public Health, and the Board of Supervisors, and may advise the San Francisco Health Authority, on the design and implementation of Mental Health SF, established by Section 15.104 of the Administrative Code, including but not limited to the opening of the Mental Health Service Center, the development of a

patient case management system, the creation and maintenance of an inventory of City-operated and City-funded mental health services, the expansion of the City's mental health services, appropriate staff-to-patient ratios, and the development of notification protocols designed to facilitate communication among City-funded and City-operated mental health programs for the purposes of coordinating patient care (e.g., upon patient discharge or transfer between programs).

(b) By no later than July 1, 2020, and every three months thereafter, the Implementation Working Group shall submit to the Board of Supervisors a written report on its progress.

(c) By no later than May 1, 2021, the Implementation Working Group shall submit to the Board of Supervisors its final recommendations concerning the design of Mental Health SF, and any steps that may be required to ensure its successful implementation.

SEC. 5.44-5. SUNSET.

Unless the Board of Supervisors by ordinance extends the term of the Implementation Working Group, this Article XLIV shall expire by operation of law, and the Implementation Working Group shall terminate on March 1, 2026. After its expiration, the City Attorney shall cause this Article XLIV to be removed from the Administrative Code.

SEC. 5.44-6. AMENDMENT.

This Article XLIV may be amended by ordinance passed by a two-thirds' vote of the Board of

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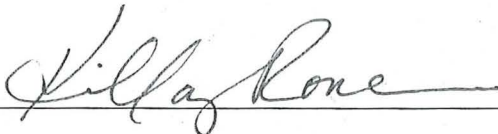
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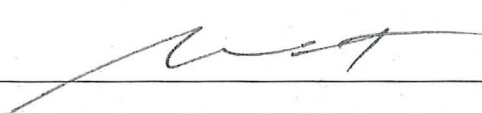
SUBMITTED.

 Date: 6/18/19

Member, Board of Supervisors

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