File No. 18032	22 Co Bo	mmittee Item No. ard Item No	/5
COMMIT	TTEE/BOARD	OF SUPERVIS	SORS
•	GENDA PACKET C		
Committee: Rules C	ommitte 6	Date _	May 9, 2018
Board of Supervisors	Meeting	Date	5/15/18
Cmte Board			
Budget a Youth Co Introduct Departm Memorar Grant Inf Grant Bu Subcont Contract Form 120 Award L Applicat Form 70 Vacancy Informat Public C	ve Digest and Legislative Analommission Report tion Form ent/Agency Cover Indum of Understan formation Form adget ract Budget Agreement 6 - Ethics Commiss etter ion 0 7 Notice ion Sheet forrespondence	Letter and/or Rep ding (MOU) sion	
OTHER (Use bad	k side if additiona	l space is needed)
U U			
Completed by: A	lisa Somera	Date Date	
Completed by:	Thuston	Date	1/10/18

AMENDED IN COMMITTEE 05/09/18 ORDINANCE NO.

FILE NO. 180322

NOTE:

1

2

4

5 6

7

8

9

11

12

13

14

15

16

17 18

19

2021

22

2324

25

[Administrative Code - <u>Coordinated Entry System for Homeless Persons</u>: Priority Housing Status for Persons Discharged from Residential Behavioral Health Programs]

Ordinance amending the Administrative Code to require the Department of Homelessness and Supportive Housing to implement a Coordinated Entry System governing the assessment, prioritization, and referral of homeless persons to housing programs; to give a priority to adults who have been discharged from residential behavioral health programs when making assignments to certain housing programs; and to coordinate with the Department of Public Health to ensure access to uninterrupted supportive services for such personsthose adults.

Unchanged Code text and uncodified text are in plain Arial font.

Additions to Codes are in single-underline italics Times New Roman font.

Deletions to Codes are in strikethrough italics Times New Roman font.

Board amendment additions are in double-underlined Arial font.

Board amendment deletions are in strikethrough Arial 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. Findings.

- (a) The Department of Public Health ("DPH") operates a wide variety of residential behavioral health programs, including but not limited to: board and care facilities, inpatient psychiatric programs, an acute diversion program, psychiatric emergency services, mental health residential treatment programs, and substance abuse residential treatment programs. Individuals who participate in these programs receive treatment and care until they are stabilized.
- (b) Each year, more than 5,000 individuals are discharged from DPH's residential behavioral health programs after having received treatment to address their mental health or

substance abuse issues. Upon discharge, many individuals do not have a home or address to go to, and are discharged to the streets.

- (c) Discharging people to the streets following their participation in a residential behavioral health program is associated with a high incidence of substance abuse disorder relapse, deterioration of mental health, and medical compromise.
- (d) Behavioral health treatment would be associated with improved outcomes if participants knew that they would be housed after treatment, and had access to ongoing supportive programs upon placement in housing.
- (e) The Department of Homelessness and Supportive Housing is developing a Coordinated Entry system that will implement a consistent, community-wide intake process to match people experiencing homelessness to available community resources that meet their needs. The Coordinated Entry system includes a standardized method to assess and prioritize people needing assistance, and a streamlined process for rapidly connecting people to a housing solution. Adults with the greatest barriers to housing, the longest histories of homelessness, and the highest level of vulnerability are prioritized for services.

Section 2. Chapter 20 of the Administrative Code is hereby amended by adding Article XVI, consisting of Sections 20.16-1 through 20.16-3, to read as follows:

ARTICLE XVI: COORDINATED ENTRY SYSTEM; PRIORITIZATION AND COORDINATION OF CARE FOR PERSONS DISCHARGED FROM RESIDENTIAL BEHAVIORAL HEALTH PROGRAMS

SEC. 20.16-1. DEFINITIONS.

As used in this Article XVI, the following words or phrases shall have the following meanings:

"Department" means the Department of Homelessness and Supportive Housing.

"Permanent Supportive Housing" means subsidized rental housing without time limits and with on-site supportive services to help tenants maintain housing.

"Rapid-Rehousing" means a housing program model that assists individuals who are homeless to move quickly into permanent housing, usually to housing in the private market.

"Residential Behavioral Health Program" means a residential program in which the patient receives treatment for a substance use disorder and/or mental health disability.

"Transitional Housing" means a temporary shelter program model that provides an individual with a shared or private housing unit for a time-limited period during which the individual receives supportive services.

SEC. 20.16-2. COORDINATED ENTRY SYSTEM; PRIORITY STATUS.

- (a) The Department shall implement a Coordinated Entry System designed to assess people experiencing homelessness, so as to prioritize and refer such people to housing programs. People experiencing homelessness with the greatest barriers to housing, the longest histories of homelessness, and/or the highest level of vulnerability shall be prioritized for housing or other appropriate placements. The Department shall be responsible for developing the process and standards used to screen and prioritize homeless persons for housing programs in accordance with the three factors identified in the preceding sentence.
- (b) When assessing and assigning single homeless adults to Rapid-Rehousing, Transitional Housing, or Permanent Supportive Housing (collectively, "Housing"), the Department shall recognize discharge from a Residential Behavioral Health Program of a program participant who was homeless upon entry into the Residential Behavioral Health Program as a vulnerability that will confer upon the program participant a priority, as determined by the Department, for such Housing.

 An individual's eligibility for this priority shall be verified by the Department of Public Health.

2

4

5

6

7

8-

10 11

12

13 14

15 16

17

18 19

20

2122

23

By:

24

25

SEC. 20.16-3. CARE COORDINATION.

The Department shall coordinate with the Department of Public Health to ensure that individuals who are prioritized for and assigned to housing pursuant to Section 20.16-2 have uninterrupted access to supportive services provided by the Department of Public Health.

Section 3. Effective Date and Operative Date.

- (a) This ordinance shall become effective 30 days after enactment. Enactment occurs when the Mayor signs the ordinance, the Mayor returns the ordinance unsigned or does not sign the ordinance within ten days of receiving it, or the Board of Supervisors overrides the Mayor's veto of the ordinance.
 - (b) This ordinance shall become operative 90 days after enactment.

Section 4. Undertaking for the General Welfare. In enacting and implementing this Article XVI, 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.

APPROVED AS TO FORM:

DENNIS J. HERRERA, City Attorney

ANNE PEARSON

Deputy City Attorney

n:\legana\as2018\1800491\01273924.docx

<u>LEGISLATIVE DIGEST</u> (Amended in Committee 05/09/18)

[Administrative Code - Coordinated Entry System for Homeless Persons; Priority Housing Status for Persons Discharged from Residential Behavioral Health Programs]

Ordinance amending the Administrative Code to require the Department of Homelessness and Supportive Housing to implement a Coordinated Entry System governing the assessment, prioritization, and referral of homeless persons to housing programs, to give a priority to adults who have been discharged from residential behavioral health programs when making assignments to certain housing programs, and to coordinate with the Department of Public Health to ensure access to uninterrupted supportive services for those adults.

Existing Law

Currently, local law does not establish priorities for the assignment of individuals experiencing homelessness to supportive and transitional housing.

Amendments to Current Law

The proposed ordinance would require the Department of Homelessness and Supportive Housing ("DHSH") to implement a Coordinated Entry System designed to assess people experiencing homelessness, so as to prioritize and refer such people to housing programs. The ordinance would require that the DHSH, through its Coordinated Entry System, give priority for housing to people experiencing homelessness with the greatest barriers to housing, the longest histories of homelessness, and/or the highest level of vulnerability. The ordinance would delegate to DHSH the authority develop the process and standards used to screen and prioritize homeless persons for housing programs in accordance with the three priority factors identified in the ordinance.

The proposed ordinance would require DHSH to recognize discharge from a residential behavioral health program as a vulnerability that would confer upon the participant a priority for assignment to supportive and transitional housing. For purposes of this ordinance, "residential behavioral health programs" are defined as programs in which the patient receives treatment for a substance use disorder and/or mental health disability.

The ordinance would also require the DHSH to coordinate with DPH to ensure that individuals who are being discharged from residential behavioral health programs and placed in housing have uninterrupted access to supportive services provided by the Department of Public Health.

Background Information

This legislative digest reflects amendments introduced in the Rules Committee on May 9, 2018.

The Department of Public Health ("DPH") operates a wide variety of residential behavioral health programs, including but not limited to: board and care facilities, inpatient psychiatric programs, an acute diversion program, psychiatric emergency services, mental health residential treatment programs, and substance abuse residential treatment programs. Individuals who participate in these programs receive treatment and care until they are stabilized.

Each year, more than 5,000 individuals are discharged from DPH's residential behavioral health programs after having received treatment to address their mental health or substance abuse issues. Upon discharge, many individuals do not have a home or address to go to, and are discharged to the streets.

Discharging people to the streets following their participation in a residential behavioral health program is associated with a high incidence of substance abuse disorder relapse, deterioration of mental health, and medical compromise.

Behavioral health treatment would be associated with improved outcomes if participants knew that they would be housed after treatment, and had access to ongoing supportive programs upon placement in housing.

n:\legana\as2018\1800491\01274371.docx

BOARD of SUPERVISORS



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

MEMORANDUM

TO:

Jeff Kositsky, Director, Department of Homelessness and Supportive

Housing

Barbara A. Garcia, Director, Department of Public Health

FROM:

Alisa Somera, Legislative Deputy Director

Rules Committee

DATE:

April 10, 2018

SUBJECT:

LEGISLATION INTRODUCED

The Board of Supervisors' Rules Committee has received the following proposed legislation, introduced by Supervisor Sheehy on April 3, 2018:

File No. 180322

Ordinance amending the Administrative Code to require the Department of Homelessness and Supportive Housing to give a priority to adults who have been discharged from residential behavioral health programs when making assignments to housing programs, and to coordinate with the Department of Public Health to ensure access to uninterrupted supportive services for such persons.

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: alisa.somera@sfgov.org.

c: Emily Cohen, Department of Homelessness and Supportive Housing Greg Wagner, Department of Public Health Naveena Bobba, Department of Public Health Sneha Patil, Department of Public Health Print Form

Introduction Form

By a Member of the Board of Supervisors or Mayor



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

[X] 1. For reference to Committee. (An Ordinance, Resolution, Motion or Charter Amendment).	
2. Request for next printed agenda Without Reference to Committee.	
3. Request for hearing on a subject matter at Committee.	•
4. Request for letter beginning: "Supervisor	inquiries"
5. City Attorney Request.	
6. Call File No. from Committee.	•
7. Budget Analyst request (attached written motion).	
8. Substitute Legislation File No.	
9. Reactivate File No.	•
10. Question(s) submitted for Mayoral Appearance before the BOS on	
Please check the appropriate boxes. The proposed legislation should be forwarded to the following	
Small Business Commission Youth Commission Ethics Comm	ission
Planning Commission Building Inspection Commission	
Note: For the Imperative Agenda (a resolution not on the printed agenda), use the Imperative	Form.
Sponsor(s):	
Supervisor Jeff Sheehy	
Subject:	
Ordinance amending the Admin. Code	
The tout is listed.	+
Regulring HSH togive priority toadults who hav	e been
Requiring HSH togive priority toadults who have discharged from Residential be havioral health prog	rems
Signature of Sponsoring Supervisor:	4
For Clerk's Use Only	