

1 [Initiative Ordinance - Administrative Code - Mental Health SF]

2

3 **Motion ordering submitted to the voters at an election to be held on November 5, 2019,**  
4 **an Ordinance amending the Administrative Code to establish Mental Health SF, a**  
5 **universal mental health program designed to provide access to mental health services,**  
6 **substance use treatment, and psychiatric medications to all San Franciscans; and to**  
7 **establish the Mental Health SF Implementation Working Group to advise the Mental**  
8 **Health Board, the Department of Public Health, the Health Commission, the San**  
9 **Francisco Health Authority, and the Board of Supervisors on the design and**  
10 **implementation of Mental Health SF.**

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13 **MOVED,** That the Board of Supervisors hereby submits the following ordinance to the  
14 voters of the City and County of San Francisco, at an election to be held on November 5,  
15 2019.

16

17 **Ordinance amending the Administrative Code to establish Mental Health SF, a**  
18 **universal mental health program designed to provide access to mental health services,**  
19 **substance use treatment, and psychiatric medications to all San Franciscans; and to**  
20 **establish the Mental Health SF Implementation Working Group to advise the Mental**  
21 **Health Board, the Department of Public Health, the Health Commission, the San**  
22 **Francisco Health Authority, and the Board of Supervisors on the design and**  
23 **implementation of Mental Health SF.**

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1 NOTE: **Unchanged Code text and uncodified text** are in plain font.  
2 **Additions to Codes** are in *single-underline italics Times New Roman font*.  
3 **Deletions to Codes** are in ~~italics Times New Roman font~~.  
4 **Asterisks (\* \* \* \*)** indicate the omission of unchanged Code subsections or  
5 parts of tables.

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

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

9  
10 **SEC. 15.104. MENTAL HEALTH SF.**

11 **(a) Findings.**

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

16 (2) Of the 6,704 consumers discharged from the Psychiatric Emergency Services  
17 (“PES”) unit at Zuckerberg San Francisco General Hospital in fiscal year 2016-17, 2,562—or  
18 38.2%—were discharged without an outpatient referral or linkage to other mental health services,  
19 putting these people at greater risk for mental decompensation and a return to unsafe drug and alcohol  
20 use.

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

24 (4) The inability to receive timely treatment has discouraged many people from  
25 accessing the services they need. Wait times for services are a major barrier to treatment, but the

1 City's Behavioral Health Services program as of 2019 lacks a systematic way to track the availability  
2 of spots in treatment programs in real time.

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

6 (6) As of 2019, an estimated 31,000 people in San Francisco lack health insurance.  
7 San Francisco's mental health system has not been able to adequately address the challenges faced by  
8 uninsured people who need mental health or substance use services. San Franciscans often cite  
9 concerns about the lack of health insurance coverage or cost of care as reasons for not seeking mental  
10 health care. This is consistent with the findings in a national study, in which 47% of respondents with a  
11 mood, anxiety, or substance use condition who said they needed mental health care, cited cost or not  
12 having health insurance as a reason why they did not receive that care. The failure to adequately serve  
13 this population in San Francisco is apparent in the number of people wandering the streets in obvious  
14 need of mental health and substance use treatment.

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

22 (8) A 2018 audit of the Department of Public Health's Behavioral Health Services  
23 ("BHS") conducted by the San Francisco Budget and Legislative Analyst ("2018 BHS Audit") found  
24 that under the current system, BHS does not systematically track waitlist information for mental health  
25 and substance use services. Waitlists, when they are maintained, are generally kept by the individual

1 service providers and not aggregated or evaluated by BHS. Because BHS does not compile and track  
2 waitlist data in a format that allows for analysis of point-in-time capacity or historical trends, there is  
3 limited information about BHS capacity across all mental health and substance use services.

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

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

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

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

24 (c) **Populations Served.**  
25

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

7                   (2) **Bridge Patients.** Mental Health SF shall provide brief, “bridge” services to  
8 individuals who have health insurance, except for those individuals who are enrolled in a Medi-Cal  
9 managed care plan and receive behavioral health services from the Department’s Community  
10 Behavioral Health Services under California’s Medi-Cal Specialty Mental Health Services Waiver  
11 (“Bridge Patients”). Mental Health SF shall provide Bridge Patients with access to treatment and  
12 medications necessary to prevent an immediate deterioration of their health, while they take steps to  
13 obtain services through their health insurance provider. The City shall attempt to recover the costs of  
14 any brief service or medication provided to a Bridge Patient from the patient’s insurance provider, to  
15 the extent authorized by law and the terms of the patient’s insurance policy, but under no  
16 circumstances will deny such brief service or medication because of the inability to recover costs.

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

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

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

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

6                   (4) **Harm Reduction.** Mental Health SF shall respect the rights of people who  
7 engage in illegal, self-harming, or stigmatized behaviors, and shall work with consumers to minimize  
8 the harmful effects of such behaviors, rather than ignoring or condemning them. Mental Health SF  
9 shall treat all consumers with dignity and compassion, and shall provide care without judgment,  
10 coercion, discrimination, or a requirement that clients stop engaging in self-harming behaviors as a  
11 precondition to receiving care.

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

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

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

24                   (8) **Treatment on Demand.** The Department, through its operation of Mental  
25 Health SF, shall comply with the Treatment on Demand Act (Administrative Code Section 19A.30) by

1 maintaining an adequate level of free and low-cost medical substance use services and residential  
2 treatment slots, commensurate with the demand for such services. Mental Health SF shall also  
3 maintain an adequate level of mental health services, commensurate with the demand for such services.

4 (e) **Establishment of the Mental Health Service Center.** Mental Health SF shall operate a  
5 Mental Health Service Center that shall serve as a centralized hub for Core Patients and Bridge  
6 Patients who seek access to voluntary, short-term mental health services, psychiatric medications,  
7 triage, and subsequent referral to longer-term care and/or substance use treatment. The Mental Health  
8 Service Center shall treat consumers at all levels of mental health acuity, with the exception of  
9 consumers who are detained for evaluation under Section 5150 or 5250 of the California Welfare and  
10 Institutions Code. The Mental Health Service Center shall be opened by no later than June 1, 2022,  
11 provided, however, that such date may be revised by ordinance passed by a two-thirds' vote of the  
12 Board of Supervisors. The Mental Health Service Center shall be operated by the Department, and  
13 shall be staffed by City employees. The Mental Health Service Center shall not be the only access point  
14 for Mental Health SF, nor the only location where mental health and substance use services are  
15 offered.

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

21 (2) **Staffing.** The Mental Health Service Center shall be adequately staffed to  
22 ensure that wait times for services do not exceed three hours. The Mental Health SF Implementation  
23 Working Group, established under Article XLIV of Chapter 5 of the Administrative Code, shall make  
24 recommendations as to the appropriate ratio of staff to patients to be maintained based on available  
25 data for similar services and patient care needs. The Mental Health Service Center shall ensure that at

1 a minimum, the following staff are available at all times: nurse practitioners, psychiatrists, and peer  
2 counselors.

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

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

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

14 (C) **Pharmacy Services.** There shall be a pharmacy on the premises of the  
15 Mental Health Service Center, with sufficient staffing to ensure that wait times for medications do not  
16 exceed two hours. The cost of all medication shall be fully covered by Mental Health SF. The  
17 pharmacy shall stock medications used to treat mental health and substance use conditions.

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

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



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

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

8                    (f) **Establishment of the Office of Coordinated Care.** Mental Health SF shall operate an  
9 Office of Coordinated Care to oversee the seamless delivery of mental health care and substance use  
10 services across the City's behavioral health systems, and to ensure that Mental Health SF is  
11 accountable and proactive in how it delivers care. The Office of Coordinated Care shall perform the  
12 following functions.

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

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

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

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

7                   **(B) Insurance Navigators shall advocate on behalf of Bridge Patients for**  
8 **timely provision and coverage of the mental health services to which they are entitled under their**  
9 **health insurance policies. Insurance Navigators shall attempt to recover the costs of any service or**  
10 **medication provided by Mental Health SF to a Bridge Patient from the patient's health insurance**  
11 **provider, to the extent authorized by law and by the patient's insurance policy.**

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

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

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

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

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

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

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

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

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

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

19                   (g) **Service Expansion.** The following City-funded and/or City-operated services shall be  
20 expanded to meet need, informed but not bound by recommendations made by the Mental Health SF  
21 Implementation Working Group: case management, intensive case management, residential treatment,  
22 respite care, detoxification services, PES beds and other secure placement options for individuals who  
23 are a danger to themselves or others, long-term housing, and any other service or program that the  
24 Mental Health SF Implementation Working Group advises is essential to meet the needs of consumers,  
25 particularly consumers who are members of vulnerable communities, including but not limited to youth,

1 senior citizens, racial minorities, and transgender and gender-nonconforming individuals. The  
2 expansion of services shall enable the Department to offer mental health treatment on demand. The  
3 expansion of services shall not replace or substitute current levels of service, but shall build upon  
4 current services and address current gaps.

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

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

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

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

3  
4 **ARTICLE XLIV: MENTAL HEALTH SF IMPLEMENTATION WORKING GROUP**

5  
6 **SEC. 5.44-1. ESTABLISHMENT OF WORKING GROUP.**

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

9  
10 **SEC. 5.44-2. MEMBERSHIP.**

11 The Implementation Working Group shall consist of eleven members, all of whom shall be  
12 appointed by the Board of Supervisors. Members shall serve two-year terms, beginning on March 1,  
13 2020; provided, however, the term of the initial appointees in Seats 1, 3, 5, 7, and 9 shall be one year,  
14 expiring on March 1, 2021.

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

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

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

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

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

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

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

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

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

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

11  
12           **SEC. 5.44-3. ORGANIZATION AND TERMS OF OFFICE.**

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

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

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

20           (d) Any member who misses three regular meetings of the Implementation Working Group  
21 within any 12-month period without the express approval of the Implementation Working Group at or  
22 before each missed meeting shall be deemed to have resigned from the Implementation Working Group  
23 10 days after the third unapproved absence. The Implementation Working Group shall inform the  
24 Board of Supervisors of any such resignation.

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

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

6  
7           **SEC. 5.44-4. POWERS AND DUTIES.**

8           (a) The Implementation Working Group shall have the power and duty to advise the Mental  
9 Health Board, or any successor agency, the Health Commission, the Department of Public Health, and  
10 the Board of Supervisors, and may advise the San Francisco Health Authority, on the design and  
11 implementation of Mental Health SF, established by Section 15.104 of the Administrative Code,  
12 including but not limited to the opening of the Mental Health Service Center, the development of a  
13 patient case management system, the creation and maintenance of an inventory of City-operated and  
14 City-funded mental health services, the expansion of the City's mental health services, appropriate  
15 staff-to-patient ratios, and the development of notification protocols designed to facilitate  
16 communication among City-funded and City-operated mental health programs for the purposes of  
17 coordinating patient care (e.g., upon patient discharge or transfer between programs).

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

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

23  
24           **SEC. 5.44-5. SUNSET.**  
25

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

5  
6 APPROVED AS TO FORM:  
7 DENNIS J. HERRERA, City Attorney

8 By: \_\_\_\_\_  
9 ANNE PEARSON  
Deputy City Attorney

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