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Submittal Form

DEPARTMENT OF ELECTIONS

**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 March 3, 2020 Election.

Sponsor(s): Supervisors Hillary Ronen and Matt Haney

Subject: Mental Health San Francisco

The text is listed below or attached:

(See attached.)

Supervisor Hillary Ronen:



Supervisor Matt Haney:



Supervisor Shamann Walton:



Supervisor Gordon Mar:



(Clerk of the Board's Time Stamp)

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DEPARTMENT OF ELECTIONS
**PROPOSED INITIATIVE ORDINANCE TO BE SUBMITTED BY FOUR OR MORE
SUPERVISORS TO THE VOTERS AT THE MARCH 3, 2020 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 deadline for submission of such initiatives to the Department of Elections set in Municipal Elections Code Section 300(b).]

[Initiative Ordinance - Administrative - Mental Health SF]

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 Insurance Accountability to advocate on behalf of privately insured individuals not receiving timely and appropriate mental health care under their private 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 by a two-thirds vote 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.

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 ("BHS") provides mental health and substance use services to more than 30,000 patients each year, at an annual cost of approximately \$400 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 patients discharged from the Psychiatric Emergency Services ("PES") unit at Zuckerberg San Francisco General Hospital in fiscal year 2016-17, 2,562 patients—38.2% of the total discharged—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. In 2018, the PES unit had 7,000 psychiatric emergency visits, nearly half of which were by individuals who had methamphetamine in their system.

(3) While, as of 2019, the City and County of San Francisco ("City") is home to 24,500 individuals who use injection drugs, 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) Individuals 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, as of 2019, some residential care facilities have wait lists of up to seven months, and individuals remain in jail or locked facilities without justification other than the lack of an available, suitable alternative.

(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 disorder, 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. The Department of Public Health's Coordinated Case Management System data from 2016-2018 reveal that 11% of people experiencing homelessness who die in San Francisco never used City health or social services.

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

(8) During their time in custody, inmates lose eligibility for Medi-Cal benefits. Upon release from custody, because no efforts are made to line up benefits pre-release, inmates' Medi-Cal benefits continue to be suspended until they re-enroll or the county enrolls them. The 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.

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

(10) A 2018 audit of BHS conducted by the San Francisco Budget and Legislative Analyst ("2018 BHS Audit") found that under the then-current system, still operative in 2019, 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.

(11) 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.

(12) 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 patients with long-term cooperative housing options dramatically reduces substance use relapse and supports patients through continued recovery.

(13) 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 and Operation of Mental Health SF.

(1) The City hereby establishes Mental Health SF, a comprehensive reform of the City's mental health system. Mental Health SF is designed to provide comprehensive access to treatment for mental illness and substance use disorders, and to provide affordable access to 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 services and medications to every San Francisco Resident aged 18 years old and over who is experiencing homelessness, is uninsured, or is enrolled in Medi-Cal or Healthy SF, and who is determined by a licensed medical professional to present symptoms of any of the following conditions, as defined by the most recent version of the American Psychiatric Association Diagnostic and Statistical Manual (DSM): Neurodevelopmental Disorders; Schizophrenia Spectrum and Other Psychotic Disorders; Bipolar and Related Disorders; Depressive Disorders; Anxiety Disorders; Obsessive-Compulsive and Related Disorders; Trauma- and Stressor-Related Disorders; Dissociative Disorders; Disruptive, Impulse-Control, and Conduct Disorders; Substance-Related and Addictive Disorders; Neurocognitive Disorders; Personality Disorders; Autism; and Other Mental Disorders. For purposes of this Section

15.104, "Resident" shall have the meaning set forth in Section 95.2 of the Administrative Code, as may be amended from time to time.

(2) 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 of Health may adopt rules, regulations, and guidelines to carry out the provisions and purposes of this Section 15.104.

(c) **Populations Served; Fees.**

Mental Health SF shall serve the following populations of San Francisco Residents aged 18 or over:

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

(2) **Uninsured Persons.** Because untreated mental illness and substance use disorders can lead to psychiatric or medical emergencies as well as homelessness, Mental Health SF shall serve all persons who lack health insurance and who are in need of mental health or substance use disorder treatment.

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

(4) **Persons Enrolled in Medi-Cal with Severe Mental Illness.** Persons who are enrolled in a Medi-Cal managed care plan and receive mental health services or substance use services

from the Department's Community Behavioral Health Services under California's Medi-Cal Specialty Mental Health Services Waiver shall be served by Mental Health SF.

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

Persons who are uninsured may be asked to pay an upfront fee for the mental health services and medications provided through Mental Health SF, based on a "sliding scale" fee structure, and as determined by a verbal confirmation of income and other financial factors. No person shall be denied services due to the inability to pay fees.

(d) **Governing Principles.**

The following ten principles shall govern the design and implementation of Mental Health SF.

(1) **Prioritization of Mental Health Services for People in Crisis or Experiencing Homelessness.** Mental Health SF shall prioritize serving populations in crisis, particularly those populations that are experiencing or are at an imminent risk of homelessness.

(2) **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 eligible San Francisco Resident who needs such services, regardless of treatment history or involvement in the justice system. 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.

(3) **Customer Service.** Mental Health SF shall provide professional, friendly, nonjudgmental services, and shall treat all patients with dignity and respect. Mental Health SF shall empower patients 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 meet the customer service standards set forth by the Controller.

(4) **Harm Reduction.** Mental Health SF shall be required to respect the rights of people who engage in illegal, self-harming, or stigmatized behaviors, and shall work with patients to minimize the physical, social, emotional, and economic harms associated with these behaviors, rather than ignoring or condemning them. Mental Health SF shall treat all patients 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) **Treatment on Demand.** The Department, through its operation of Mental Health SF, shall comply with the Treatment on Demand Act (Administrative Code Chapter 19A, Article III) 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.

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

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

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

(9) **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, and substance use. 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 proficient persons.

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

(e) **Key Components.**

There are five key components of Mental Health SF:

(1) **PART ONE: Establishment of the Mental Health Service Center.** Mental Health SF shall operate a Mental Health Service Center that shall serve as a centralized access point for patients who seek access to mental health and substance use treatment, psychiatric medications, and subsequent referral to longer-term care. The Mental Health Service Center shall be opened within one year of the date that the Mental Health SF Implementation Working Group ("Implementation Working Group"), established under Article XLIV of Chapter 5 of the Administrative Code, submits 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.

(A) **Physical Building.** The Mental Health Service Center shall be located in a building or buildings that are owned or leased by the City as of the effective date of this Section 15.104, accessible by public transportation. It shall provide services 24 hours a day, 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.).

(B) **Staffing.** The Mental Health Service Center shall be operated by the Department, shall be staffed by City employees and, subject to the civil service provisions of the Charter, by 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 are not excessive during peak hours. The Implementation Working Group shall make recommendations as to the appropriate ratio of staff to patients based on patient care needs, and to ensure safety for patients and staff. The Mental Health Service Center shall ensure that staff who can diagnose medical conditions, prescribe medication, and fulfill prescriptions, shall be available at all times, as well as licensed clinical social workers or clinical psychologists. If security services are required at sites operated by the Department of Public Health, the Sheriff shall provide such services.

(C) **Services.** The Mental Health Service Center shall provide the following services on-site to patients.

(i) **Triage.** Upon a patient's arrival at the Mental Health Service Center, a licensed clinician shall assess a patient's need for immediate medical treatment 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.

(ii) **Psychiatric Assessment, Diagnosis, Case Management, and Treatment.** The Mental Health Service Center shall provide clients with on-site consultations with psychiatrists or licensed nurse practitioners. The medical professional who conducts the consultation shall provide a diagnosis, if clinically indicated, and prescription for medication or other treatment, if

needed. The medical professional shall also create a treatment plan, when appropriate, and assign patients to an appropriate level of case management, if needed.

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

(iv) **Mental Health Urgent Care.** Mental Health SF shall include a Mental Health Urgent Care Unit that shall offer clinical intervention 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.

(v) **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.

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

(2) **PART TWO: 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. The Office of Coordinated Care shall be staffed by City employees. The Office of Coordinated Care shall perform the following functions:

(A) **Real-time Inventory of Program and Service Availability.** The Office of Coordinated Care 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, and in private, state, and federal facilities that offer mental health and substance use programs.

(B) **Case Management and Navigation Services to Ensure a Continuum of Care.** Every patient who receives care from Mental Health SF shall have a treatment plan. The Office of Coordinated Care shall assign a case manager to patients who require case management services. Case managers will proactively work with patients to follow their treatment plan. 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 Implementation Working Group. There shall be three classifications of case managers.

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

(ii) Intensive Case Managers shall provide ongoing assistance to patients with acute and chronic mental health or substance use disorders who require additional support to remain engaged in treatment. Specific populations of patients who shall be served by intensive case managers include: individuals who are homeless or at risk of homelessness, high users of medical or psychiatric emergency services, and individuals involved with the criminal legal system. The ratio of intensive case managers to patients shall be set with due consideration given to the recommendations of the Implementation Working Group, and shall be significantly lower than the patient-to-staff ratio of Case Managers.

(iii) Critical Care Managers shall provide ongoing assistance to individuals with acute and/or chronic mental health or substance use disorders who have previously refused engagement in services or treatment for such disorders. For patients with treatment plans,

Critical Case Managers shall locate patients who are no longer accessing the services delineated in their treatment plan and reconnect those patients to the continuum of care, as appropriate. Critical Case Managers shall coordinate and work with the Crisis Intervention Street Team to identify individuals who may benefit from their services. Critical Case Managers shall have the lowest staff-to-patient ratio among all categories of case managers in order to provide daily, highly intensive, life-saving support to the patients they serve.

(C) 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 are offered a case manager. The Office of Coordinated Care shall coordinate with the Department's Jail Health Services to ensure that all people held in jail are given the opportunity to enroll in Medi-Cal while in custody, so that they may access Medi-Cal benefits upon release.

(D) Data Collection. The Office of Coordinated Care shall collect and maintain the data necessary to operate and evaluate an effective system of care for adults suffering from mental illness and/or substance use disorders in San Francisco, and shall collect and analyze data points as recommended by the Implementation Working Group. At a minimum, the Office of Coordinated Care shall collect and analyze data sufficient to allow the Department, the Mayor, and the Board of Supervisors to make informed decisions about how to prioritize resources so that individuals may move seamlessly through different levels of care without excessive wait times or impediments. City officials and agencies shall cooperate with these data collection efforts.

(E) Authorized Disclosures. To facilitate its evaluation of Mental Health SF, and to better coordinate care for its participants, the Office of Coordinated Care may seek the

disclosure of information about patients' health conditions and involvement in the criminal legal system, where not prohibited by state or federal law or by the Charter or by other City law.

(F) **Marketing and Community Outreach.** Mental Health SF shall strive to promote its services to both potential patients and the general public. In order to achieve this goal, the Office of Coordinated Care shall oversee the creation of a marketing and outreach campaign. This advertising and outreach campaign shall include targeted branding and press outreach headed by a public relations team whose main goal and focus is to make all Mental Health SF services known and accessible to the public through press and advertising efforts. This marketing and outreach campaign shall include, but is not limited to, the following types of media: internet marketing; websites; social media; print and newspaper campaigns; patient portals; mobile apps; television; radio; billboards; public transit ads; and word-of-mouth marketing.

(3) **PART THREE: Establishment of the Crisis Intervention Street Team.** The Crisis Intervention Street Team shall be a city-wide crisis team that operates 24 hours per day, 7 days per week, to intervene with people on the street who are experiencing a substance use or mental health crisis, with the goal of engaging them and having them enter into a system of treatment and coordinated care. This team shall replace and expand upon the Department's Mobile Crisis Team as it existed in 2019. A marketing strategy shall be implemented to ensure that the public becomes familiar with the specific telephone number to call for this service. The public shall also be able to find this team by dialing 311 or, in the case of emergency, 911, and can report someone in need of services through these channels. This team shall coordinate with the Office of Coordinated Care to assign critical case managers where needed to establish trust and rapport with individuals who refuse to access services and are not eligible for conservatorship.

(4) **PART FOUR: Mental Health and Substance Use Treatment Expansion.** A critical component of Mental Health SF is expanding mental health services to eliminate excessive wait times and to ensure that individuals being served are in the least restrictive environment possible.

Fundamental to an effective continuum of care model is providing adequate resources at each stage of treatment. The expansion of services shall enable the Department to offer mental health treatment on demand. The expansion of services shall not replace or substitute for current levels of service, but shall build upon current services and address current gaps.

Although the Implementation Working Group shall make recommendations as to the nature and scope of expansion of services, priority shall be given to hiring additional case managers as laid out in subsection (e)(2)(B) of this Section 15.104, as well as to expanding the following types of residential treatment options:

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

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

(C) Transitional residential treatment beds; and

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

(5) PART FIVE: Establishment of the Office of Private Insurance Accountability.

The Office of Private Insurance Accountability (“OPIA”) is hereby established in the Department.

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

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

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

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

(E) OPIA shall report to the Office of the City Attorney any information it collects that evidences violations of laws that prohibit health insurance providers from imposing limits on mental health benefits that are less favorable than limits imposed on medical/surgical benefits. OPIA shall also report to the City Attorney any information that it collects regarding health network adequacy, timely access to care, and evaluations concerning the clinical appropriateness of treatment, under private health insurance policies.

(f) **Evaluation and Accountability.** Within six months of the operative date of this Section 15.104, and every six months thereafter, the Director of Mental Health SF and the Director of the Office of Coordinated Care shall submit a report to the Board of Supervisors summarizing the operational, programmatic, and budgetary aspects of Mental Health SF. Within two years of the operative date of this Section 15.104, and every four years thereafter until 2030, the Controller shall conduct an audit of the City's behavioral health system.

(g) **Amendment.** This Section 15.104 may be amended by ordinance passed by a two-thirds vote of the Board of Supervisors so long as any such amendment is consistent with, and furthers, the intent of this Section. In addition, if total costs of Mental Health SF exceed \$150 million per year, as adjusted from year to year to reflect changes in the Consumer Price Index, the Board of Supervisors may amend this Section 15.104 by ordinance passed by a majority vote of the Board of Supervisors to reduce the costs of Mental Health SF.

(h) **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.

(i) **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.

(j) **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.

Section 2. Chapter 5 of the Administrative Code is hereby amended by adding 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.

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

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

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

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

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

(4) Seat 5 shall be held by a substance use treatment provider with expertise in mental health treatment and harm reduction.

(5) Seat 6 shall be held by a mental health or substance use treatment provider with experience working with criminal system-involved patients.

(6) Seat 7 shall be held by a psychiatrist or other behavioral health professional with expertise providing services to transitional age youth (ages 18-24) in San Francisco.

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

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

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

(10) 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 two-year terms, beginning on June 1, 2020; provided, however, the term of the initial appointees in Seats 1, 3, 5, 7, and 9 shall be one year, expiring on June 1, 2021.

(b) 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.

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

(d) The Implementation Working Group's inaugural meeting shall be held no later than September 1, 2020, provided that a majority of the members have been appointed and are present at the meeting. There shall be at least ten days' public notice of the inaugural meeting.

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

(f) 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 body 10 days after the third unapproved absence. The Implementation Working Group shall inform the Clerk of the Board of Supervisors of any such resignation.

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

(h) 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.

(i) One representative from each of the following departments shall attend meetings of the Implementation Working Group to be available for consultation by members: the Department of Public

Health, the Human Services Agency, the Department of Aging and Adult Services, and the Department of Homelessness and Supportive Housing.

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, including the expansion of residential treatment capacity, appropriate staff-to-patient ratios, appropriate sliding scale fees to be charged to patients, the number of clinical outreach workers to be hired for the Crisis Intervention Street Team and to be staffed per shift, 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) The Implementation Working Group shall conduct a Staffing Analysis of both City and nonprofit mental health services providers to determine whether there are staffing shortages that impact the providers' ability to provide effective and timely mental health services. If the Staffing Analysis concludes that there are staffing shortages that impact timely and effective service delivery, the Staffing Analysis shall also include recommendations regarding appropriate salary ranges that should be established, and other working conditions that should be changed, to attract and retain qualified staff for the positions where there are staffing shortages.

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

(d) By no later than June 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.

(e) Within six months of the effective date of this Article LXIV, the Implementation Working Group shall submit to the Controller and the Board of Supervisors the staffing analysis required by subsection (b).

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

SEC. 5.44-5. SUNSET.

The Board of Supervisors is authorized to extend the life of this Article XLIV, and hence the Implementation Working Group, by ordinance, in accordance with Section 5.44-6. Unless the Board of Supervisors does so, this Article XLIV shall expire by operation of law, and the Implementation Working Group shall terminate, on September 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.

(a) This Article XLIV may be amended by ordinance passed by a two-thirds vote of the Board of Supervisors, so long as any such amendment is consistent with, and furthers, the intent of this Article.

(b) This Article XLIV may be amended by ordinance passed by a majority vote of the Board of Supervisors, so long as any such amendment is to extend the term of the Implementation Working Group past September 1, 2026 so that the body may recommend programmatic changes to Mental Health SF for the purpose of reducing annual costs.

Section 3. Operative Date.

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

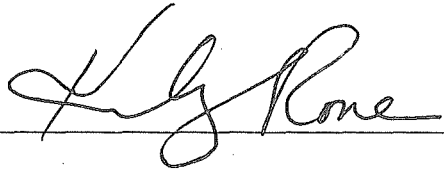
(1) the Controller certifies in writing to the Mayor and the Clerk of the Board of Supervisors that the budget of the City and County of San Francisco for a fiscal year has exceeded the prior fiscal year's budget by 13%; or

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

(3) the Board of Supervisors by a two-thirds vote of its members passes an appropriation ordinance approving the use of funds from the General Fund to finance the costs of Mental Health SF.

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

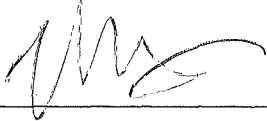
SUBMITTED.



Date:

10-15-19

Member, Board of Supervisors



Date:

10/15/19

Member, Board of Supervisors



Date:

10/15/19

Member, Board of Supervisors



Date:

10/15/19

Member, Board of Supervisors

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