

July 27, 2021



Mental Health San Francisco

Implementation Workgroup | July 2021



San Francisco
Department of Public Health

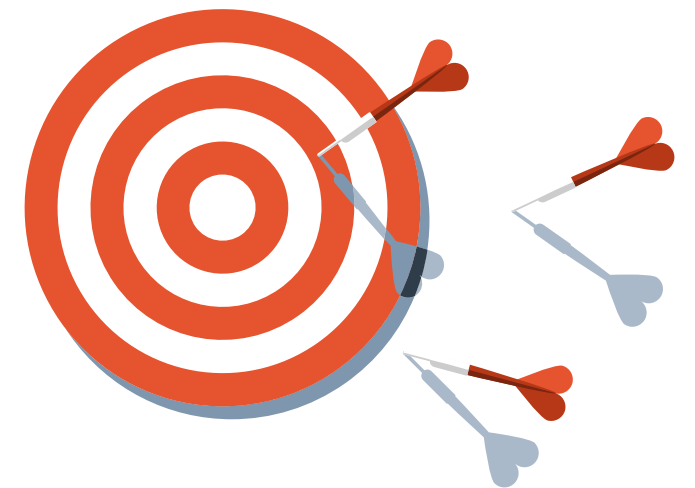
harder  co | community
research

A hand is shown in the upper left quadrant, pointing upwards with the index finger. The entire image is overlaid with a semi-transparent blue filter. The background is a blurred, light-colored surface, possibly a wall or a large object.

Call to Order/Roll Call

Meeting Goals

- Finalize principles to guide recommendations
- Understand the MHSF budget
- Discuss and vote on Drug Sobering Center recommendations
- Receive presentation and discuss New Beds & Facilities



All materials can be found on the MHSF IWG website at: <https://www.sfdph.org/dph/comupg/knowlcol/mentalhlth/Implementation.asp>

Group Agreements

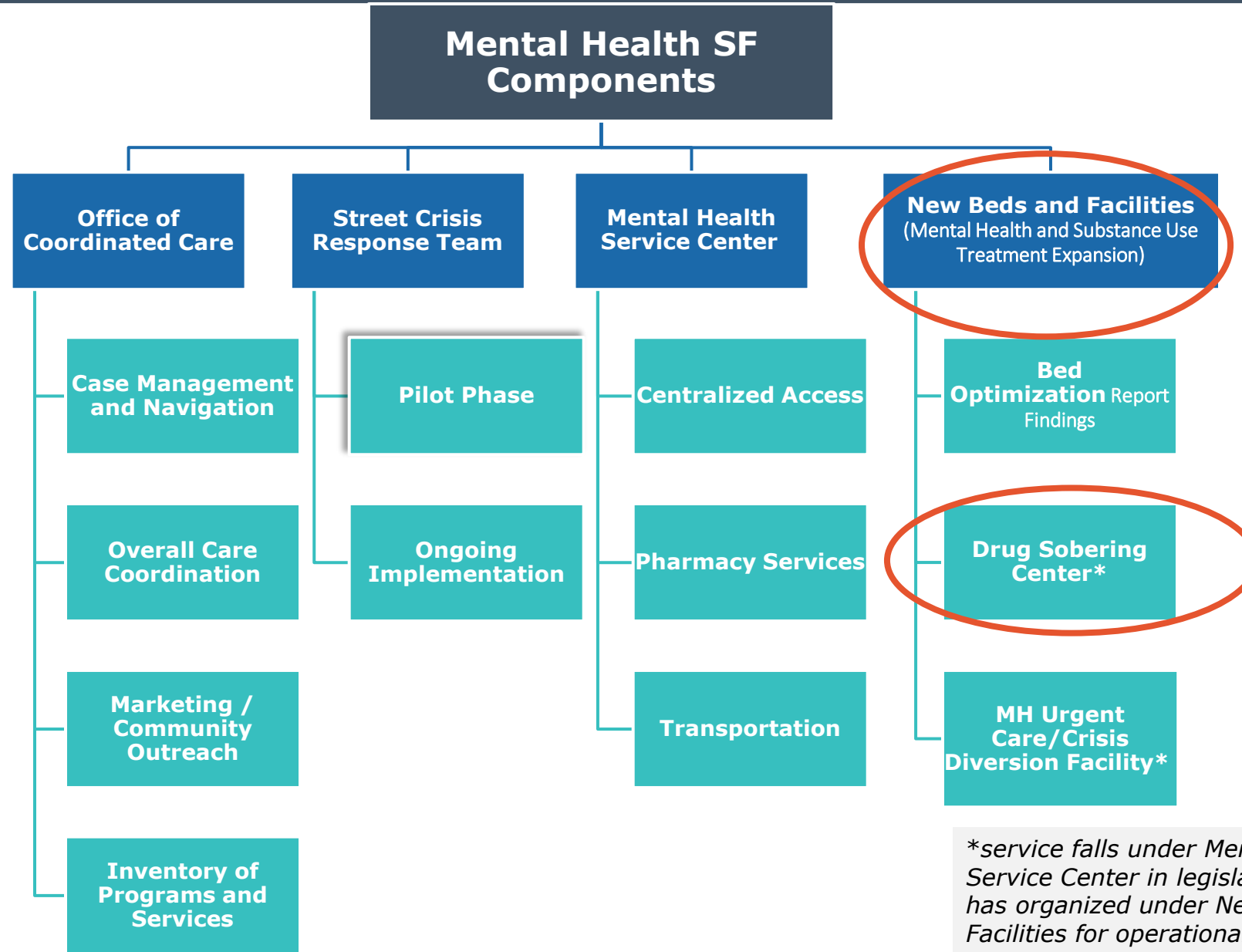
1. No one knows everything, together we know a lot
2. Listen actively, respectfully and for new information
3. Critique the idea, not the person
4. Step up/Step back
5. Speak from own experience; avoid generalizations
6. Focus on solutions that best create anti-racist, anti-sexist, anti-transphobic, anti-xenophobic, and promote a decolonized community
7. Use virtual meeting tools (camera, raise hand)
8. Allow the facilitator to guide the process



Reminder: Mental Health SF Domains



Kelly Kirkpatrick



David Pating



Eme Garcia



Yoonjung Kim



Note: Office of Private Health Insurance & Accountability will be addressed at a later time

Discussion Item #1

Approve Meeting Minutes

All materials can be found on the MHSF IWG website at:

<https://www.sfdph.org/dph/comupg/knowlcol/mentalhlth/Implementation.asp>



IWG Discussion: Reminder to raise your hand

The screenshot displays a Cisco Webex meeting interface. At the top, the title bar reads "Cisco Webex Events" and "Event Info". Below it is a menu bar with "File", "Edit", "Share", "View", "Audio & Video", "Participant", "Event", and "Help". A status bar indicates "Speaking: Juan Chung (Host)".

The main area shows a 2x2 grid of video thumbnails. The top-left thumbnail shows Jennifer James (Me), the top-right shows Juan Chung (Host), the bottom-left shows a woman, and the bottom-right shows another woman. Below the grid is a name card for "Julia Salinas".

At the bottom, there is a toolbar with "Mute", "Stop video", "Share", and other icons. On the right side, there is a sidebar with a "Participants (5)" list and a "Chat" window. The "Participants" list shows Jennifer James (Me), Juan Chung (Host), and Heather Littleton. A red arrow points to a hand-raising icon in the Heather Littleton row, which is circled in red. Another red arrow points to the "Participants" button in the bottom toolbar, which is also circled in red.

Public Comment for Discussion Item #1

Approve Meeting Minutes

Steps:

- Call (415) 655-0001
- Enter access code 146 809 4942
- Press `#` and then `#` again



Vote on Discussion Item #1

Approve Meeting Minutes

Decision Rule:

- Simply majority, by roll call



Discussion Item #2

Principles to apply when developing MHSF recommendations

DELAYED: WILL ADDRESS IN AUGUST IWG MEETING

All materials can be found on the MHSF IWG website at:
<https://www.sfdph.org/dph/comupg/knowlcol/mentalhlth/Implementation.asp>



9:50-10:25 AM

Discussion Item #3

MHSF Foundation

- **Budget update**



Kelly Kirkpatrick
Director of Administration and Operations,
Mental Health SF at San Francisco Department of Public Health

New Behavioral Health Investments - Proposition C

12

- Annual spending plan for Our City, Our Home funds (Prop. C) approved for FY 21-22 & FY 22-23
- Approximately \$93M in ongoing, annualized spending
 - ▣ \$50.9 million approved as part of FY 20-21 spending plan
 - ▣ \$42.2 million for new, ongoing programs
 - One-time - \$130 million to acquire and rehab. sites for residential care and treatment beds and services; \$4.2 million for Mental Health Service Center capital improvements across the FY 20-23 budgets
 - Spending plan supports implementation of all aspects of MHSF

Funding MHSF Key Areas

13

Approximately \$55 million annually starting in FY 21-22 in Prop C funds to expand and further support the key MHSF domain areas

- The new Prop C investments build on existing department resources and staffing deployed to support the implementation of Mental Health SF

MHSF Components	FY 20-21	FY 21-22	FY 22-23
Office of Coordinated Care	\$4.2	\$9.7	\$10.0
Street Crisis Response Team	\$6.2	\$11.8	\$12.3
Mental Health Service Center	\$0.9	\$3.8	\$5.9
New Beds and Facilities	\$4.8	\$30.3	\$30.9
Total Ongoing Prop C Budget	\$16.2	\$55.5	\$59.0

1. OCC

\$9.7 million for the Office of Coordinated Care (OCC)

- Provide case management and linkage services to clients
- Streamline and organize the delivery of mental health and substance use services across the City

OCC - Prop C Funds (\$ millions)

Program Areas	FY 20-21	FY 21-22	FY 22-23
<ul style="list-style-type: none">• Expansion of Case Management• Coordination and Oversight• TAY Care Coordination• Bed Tracking System	\$4.2	\$9.7	\$10.0

2. SCRT

15

\$11.8 million for Street Outreach Crisis Response Teams (SCRT)

- Provide interventions and connections to ongoing care for people who experience behavioral health crises on the streets of San Francisco

SCRT - Prop C Funds (\$ millions)

Program Areas	FY 20-21	FY 21-22	FY 22-23
<ul style="list-style-type: none">• Seven core response team field staff• Program supervision and management• Pilot program evaluation• Vehicles, supplies & engagement materials• Staff training	\$6.2	\$11.8	\$12.3

3. MHSC

\$3.8 million for Mental Health Services Center (MHSC)

- Expanding Behavioral Health Access Center (BHAC) hours and other improvements - a first step toward the creation of a centralized drop-in Mental Health Services Center

MHSC - Prop C Funds (\$ millions)

Program Areas	FY 20-21	FY 21-22	FY 22-23
• BHAC Hours Expansion • Pharmacy Expansion	\$0.9	\$3.8	\$5.9
• One-time capital costs	\$4.2	-	-

4. New Beds & Facilities

\$30.3 million for New Beds & Facilities

- Residential care and treatment expansion – Prop C funding supports approximately 350 additional beds*

NB&F - Prop C Funds (\$ millions)

Program Areas	FY 20-21	FY 21-22	FY 22-23
<ul style="list-style-type: none">• Drug Sobering • Psych SNF• Locked Subacute (LSAT)• Board & Care • Crisis Diversion• Mental Health Residential• Residential Step-Down• TAY Residential Beds• Managed Alcohol Program• Co-op Housing• Client Transportation	\$4.8	\$30.3	\$30.9
<ul style="list-style-type: none">• One-Time Acquisition & Rehab	\$7.7	\$76.8	\$45.5

*Approx. 60 additional beds funded through other sources not reflected here

Other Investments to Serve PEH

18

Other key Prop C investments to provide care for persons experiencing homelessness, and align with the goals of MHSF include:

- \$13.2M for Overdose Response to expand access medications for addiction treatment, contingency management, and a new street-based response team
- \$7.7M for behavioral health and physical health services in shelters and Permanent Supportive Housing (PSH)
- \$6.8M for additional behavioral health support on the street, in shelters and drop in-centers, and targeted services for transgender and TAY clients

19

Questions?

Public Comment for Discussion Item #3

MHSF Budget

Steps:

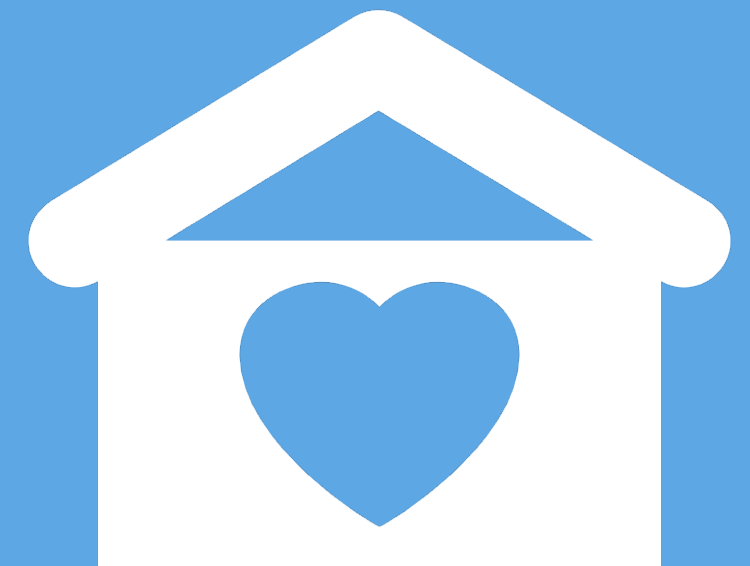
- Call (415) 655-0001
- Enter access code 146 809 4942
- Press `#` and then `#` again



10:25-11:25 AM

Discussion Item #4

Drug Sobering Center Refinement of Recommendations and Voting

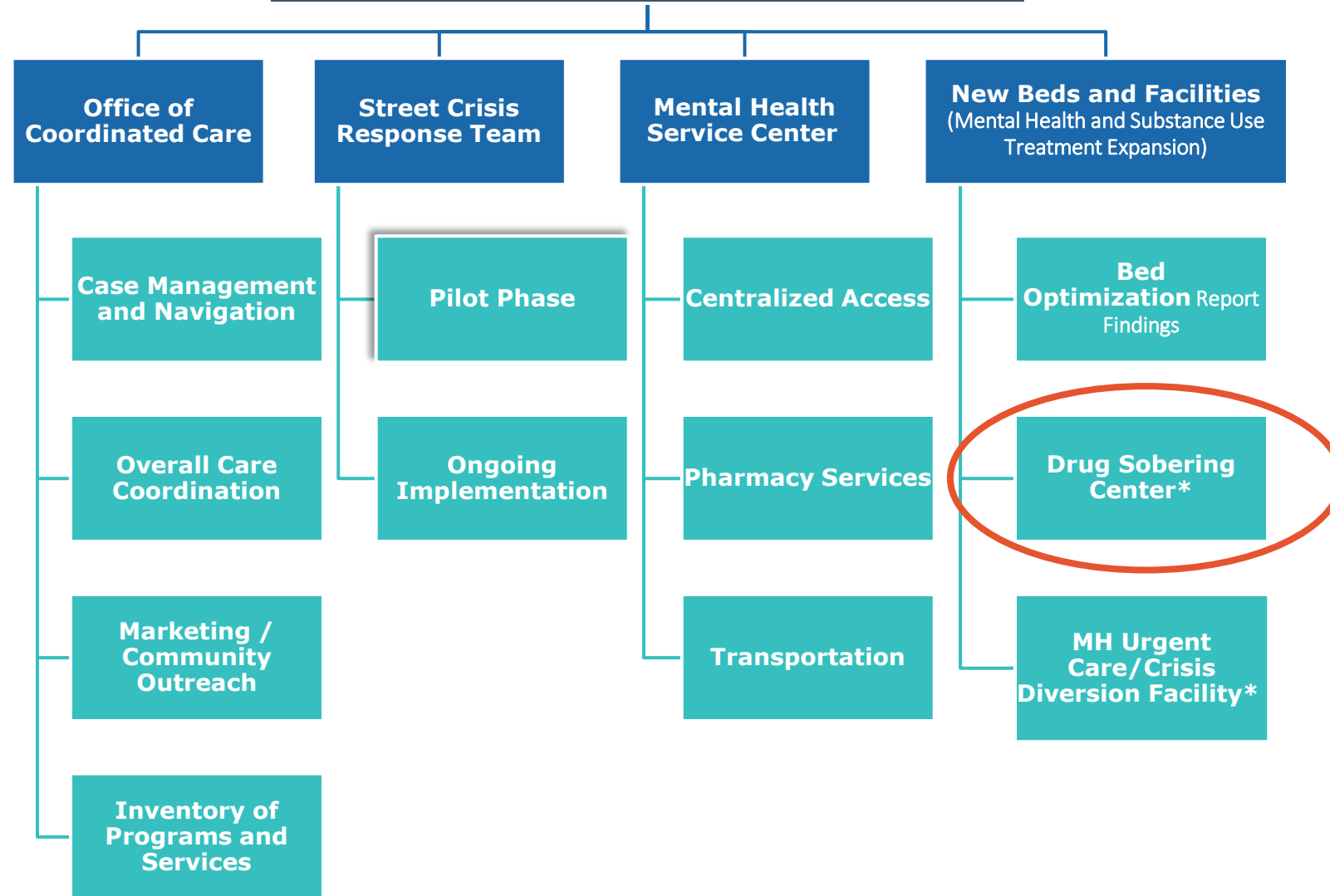


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Reminder: Mental Health SF Domains

Mental Health SF Domains



**service falls under Mental Health Service Center in legislation, DPH has organized under New Beds and Facilities for operational efficiency*

Note: Office of Private Health Insurance & Accountability will be addressed at a later time.



David Pating



Eme Garcia



Yoonjung Kim

Data and IT Systems

HR Hiring and Pipeline

Equity

Analytics and Evaluation

Reminder of the Recommendation Roadmap

You are here!



April 27*
IWG receives
issue paper and
discusses with Dr
Pating

May 25*
IWG engages in
white board
session to source
recommendation
ideas

June 7
Discussion Group
crafts
recommendations

June 22*
IWG reviews
Discussion Group's
work

July 6
Discussion Group
refines
recommendation
wording

July 27*
Review
recommendations
and vote

* Occurred during monthly IWG public meetings

A Note about Conflicts of Interest

Appropriate



Discussion and recs re categories of work performed by the City or by grantees or contractors

.....

Info re a possible contract (because the meeting itself is public) or issued contract (public record)

.....

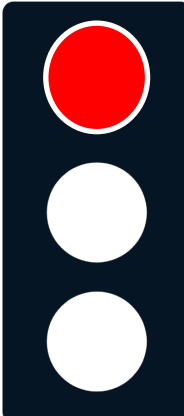
Public information about departments' plans for contracts and grants

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Questions to the department about a proposed scope

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Be aware



IWG member anticipating their organization might want to do the work should recuse themselves from that part of the discussion

.....

Members should not use their official capacity as an IWG member to ask questions about contracts their organization is seeking

.....

Members who might seek particular contracts/grants should recuse from that portion of the discussion

.....

Steer clear from inquiries related to contracts pending or specific responders to solicitations/vendors/potential awardees

.....

Drug Sobering Center Recommendations

Share screen of recommendations



Drug Sobering Center Recommendations

What is your level of agreement with the current list of Drug Sobering Center Recommendations?

1

No way, I block this

2

I see issues we need to resolve

3

I see issues, but can live with it

4

I'm fine with this as is

5

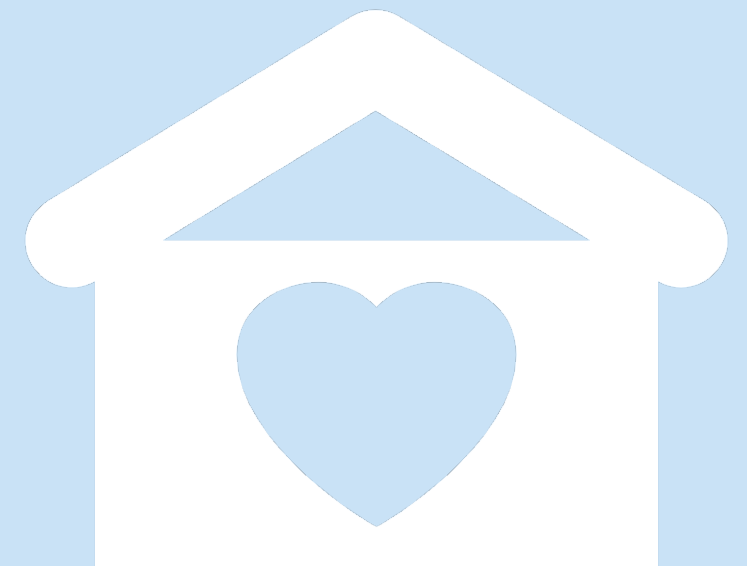
I love this!

Public Comment for Discussion Item #4

Drug Sobering Center Recommendations

Steps:

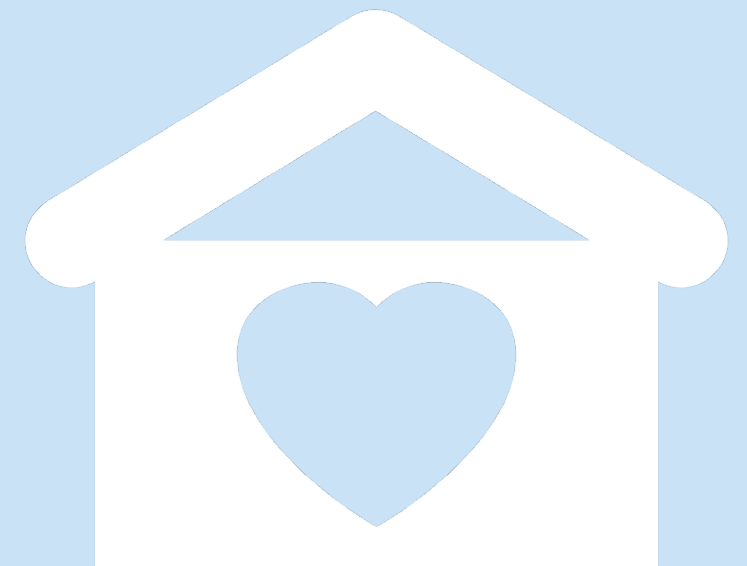
- Call (415) 655-0001
- Enter access code 146 809 4942
- Press `#` and then `#` again



Vote on Discussion Item #4 Drug Sobering Center Recommendations

Decision Rule:

- Simply majority, by roll call



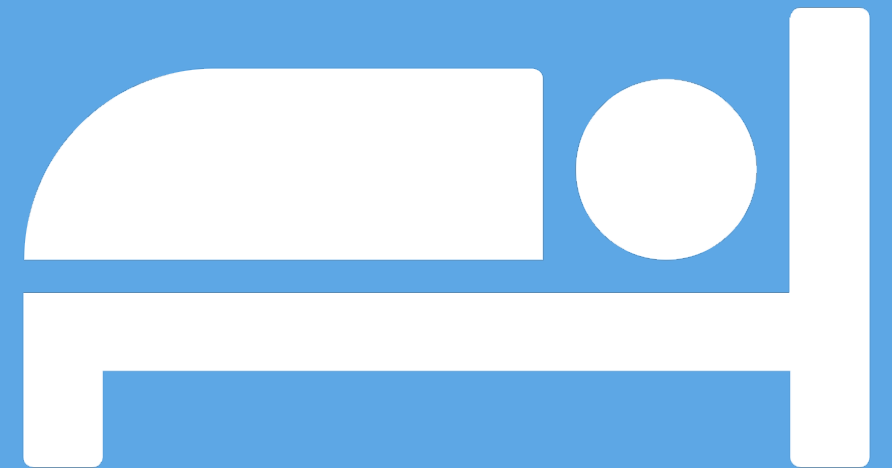
A blue-tinted photograph of a desk. In the foreground, a white ceramic mug is on the left. To its right, a laptop is open, and a smartphone lies flat on the desk surface. The background is blurred, showing what appears to be a window with blinds. The text "5 Minute Break" is overlaid in the center in a bold, white, sans-serif font.

5 Minute Break

11:30- AM - 12:55 PM

Discussion Item #5

New Beds and Facilities Discussion

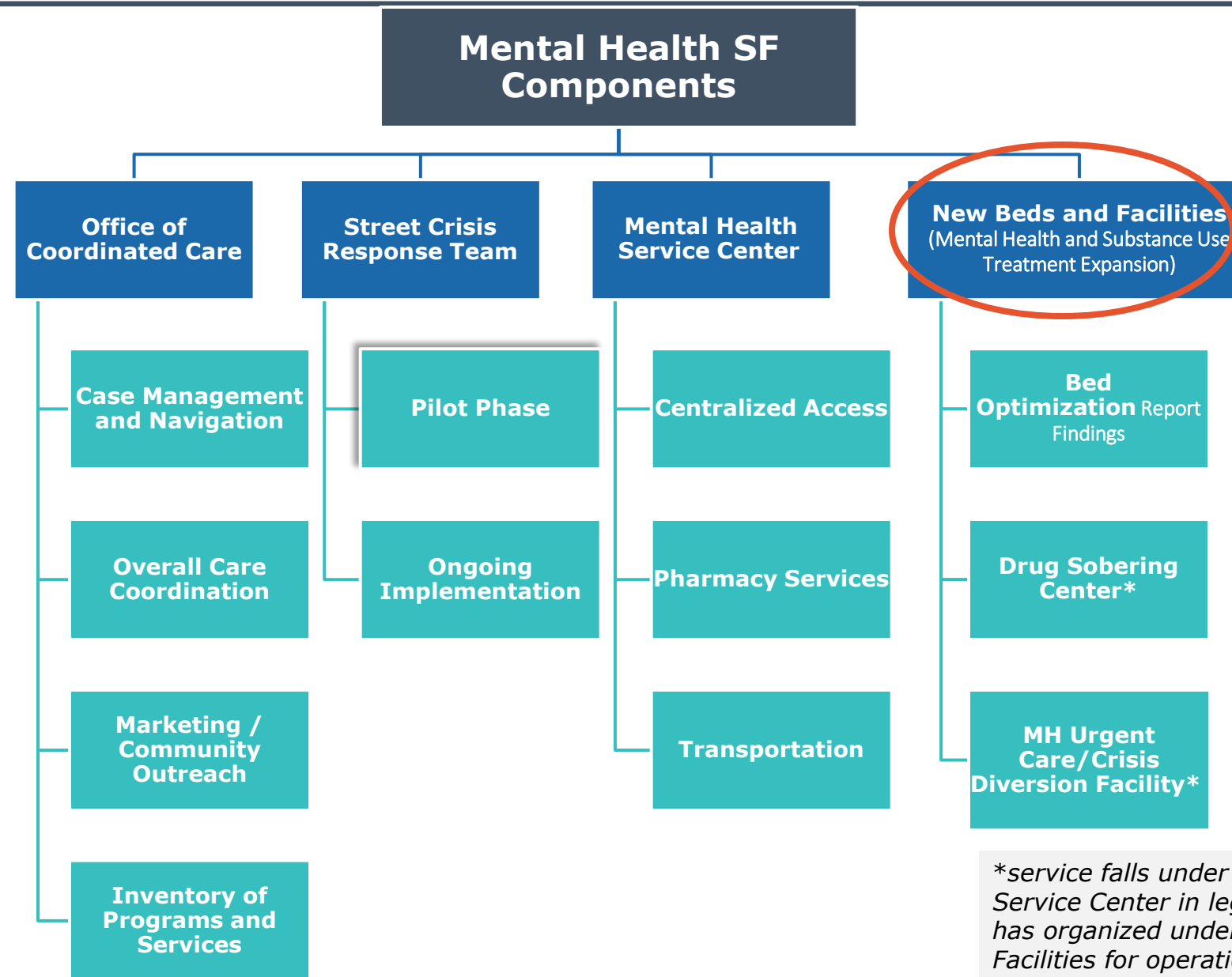


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Reminder: Mental Health SF Domains



David Pating



Eme Garcia



Yoonjung Kim

**service falls under Mental Health Service Center in legislation, DPH has organized under New Beds and Facilities for operational efficiency*



Note: Office of Private Health Insurance & Accountability will be addressed at a later time

Reminder of the Recommendation Roadmap



* Occurrs during monthly IWG public meetings

A Note about Conflicts of Interest

Appropriate



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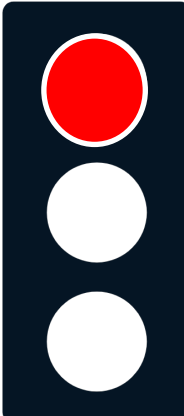
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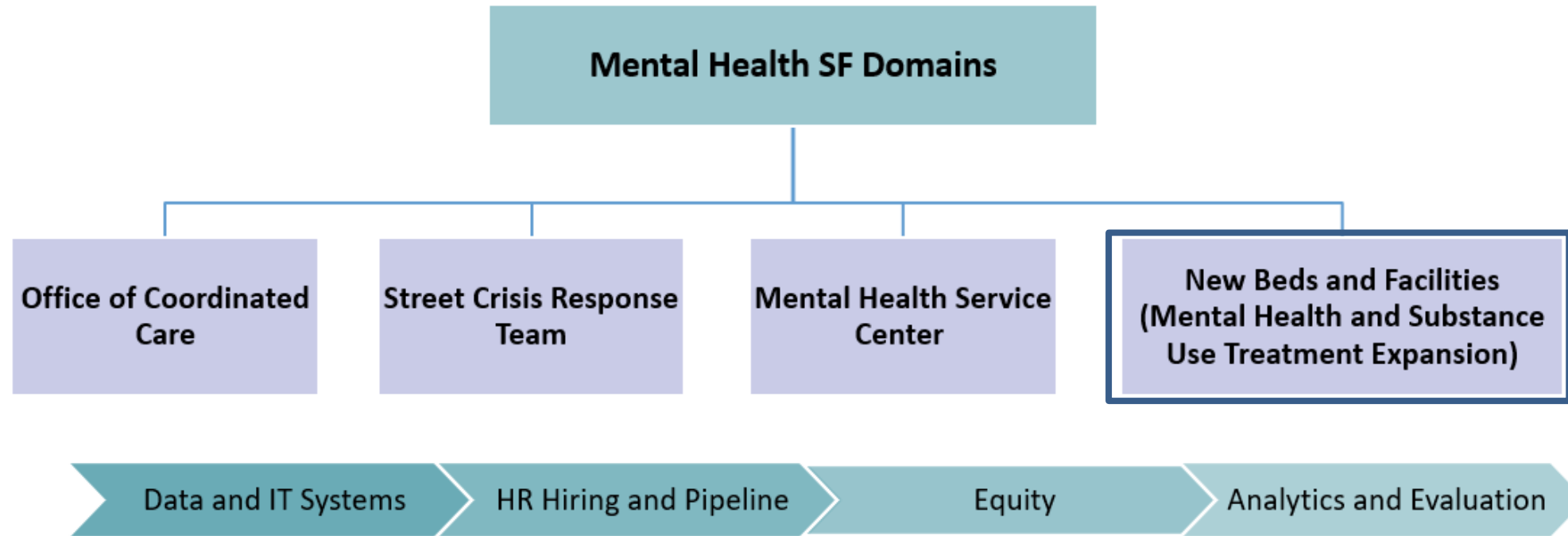
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Agenda

1. Overview of current ecosystem
2. Design strategy
3. Service expansion plan
4. Request for IWG support



Context: Mental Health SF Domains



San Francisco Health Network
Behavioral Health Services

Residential Care and Treatment

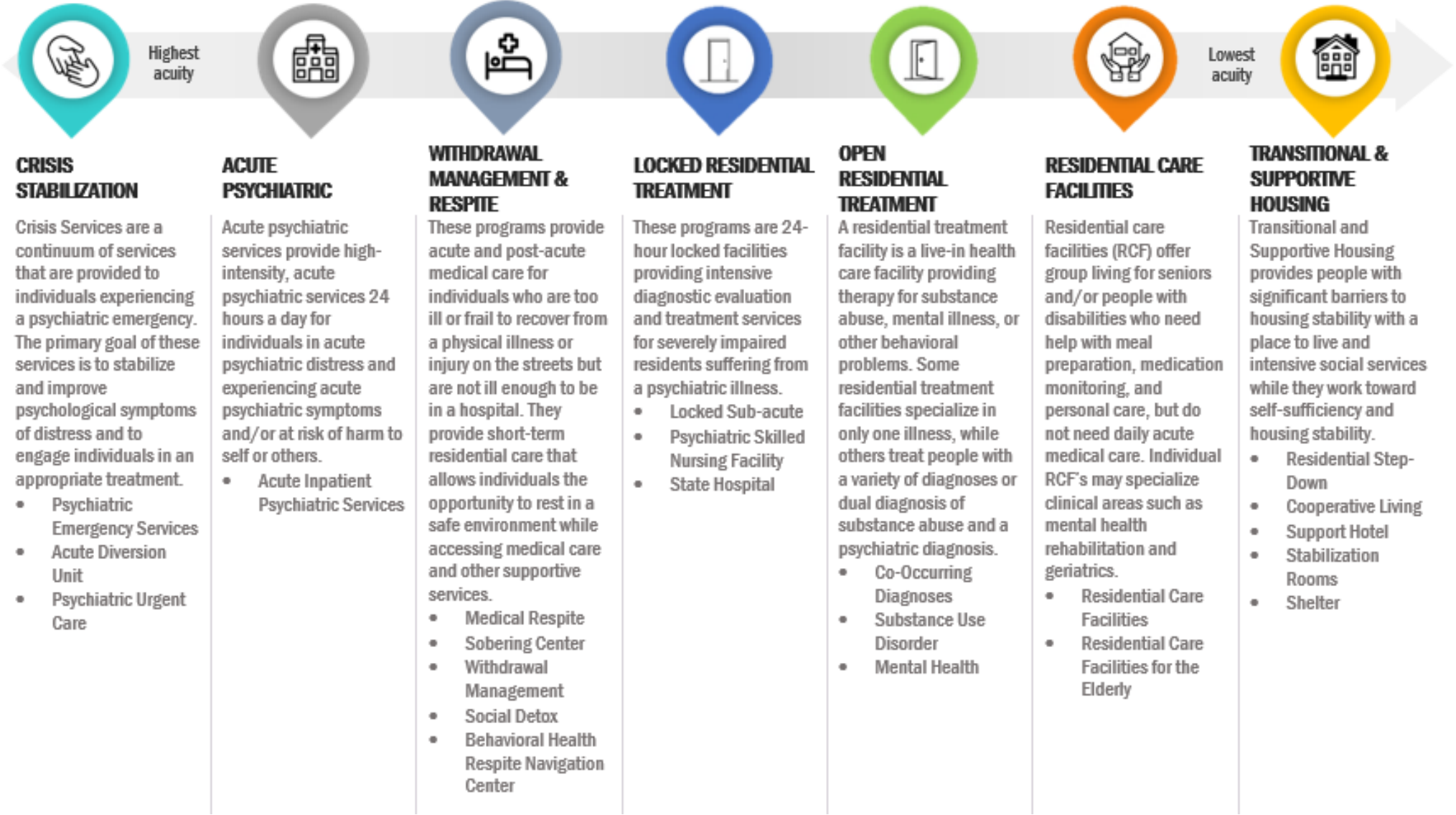
The goal is to offer high quality, timely, easily accessible, coordinated, and recovery-oriented care delivered in the least restrictive setting.

New Beds and Facilities	Residential System of Care
<ul style="list-style-type: none">• Expand existing programs• Add new types of treatment programs	<ul style="list-style-type: none">• Monitor quality of current programs• Monitor timely access to care• Improve current programs• Operations of new programs



Context: Baseline care continuum

SFDPH Behavioral Health Beds FY 2018–19



CRISIS STABILIZATION

Crisis Services are a continuum of services that are provided to individuals experiencing a psychiatric emergency. The primary goal of these services is to stabilize and improve psychological symptoms of distress and to engage individuals in an appropriate treatment.

- Psychiatric Emergency Services
- Acute Diversion Unit
- Psychiatric Urgent Care

ACUTE PSYCHIATRIC

Acute psychiatric services provide high-intensity, acute psychiatric services 24 hours a day for individuals in acute psychiatric distress and experiencing acute psychiatric symptoms and/or at risk of harm to self or others.

- Acute Inpatient Psychiatric Services

WITHDRAWAL MANAGEMENT & RESPITE

These programs provide acute and post-acute medical care for individuals who are too ill or frail to recover from a physical illness or injury on the streets but are not ill enough to be in a hospital. They provide short-term residential care that allows individuals the opportunity to rest in a safe environment while accessing medical care and other supportive services.

- Medical Respite
- Sobering Center
- Withdrawal Management
- Social Detox
- Behavioral Health Respite Navigation Center

LOCKED RESIDENTIAL TREATMENT

These programs are 24-hour locked facilities providing intensive diagnostic evaluation and treatment services for severely impaired residents suffering from a psychiatric illness.

- Locked Sub-acute
- Psychiatric Skilled Nursing Facility
- State Hospital

OPEN RESIDENTIAL TREATMENT

A residential treatment facility is a live-in health care facility providing therapy for substance abuse, mental illness, or other behavioral problems. Some residential treatment facilities specialize in only one illness, while others treat people with a variety of diagnoses or dual diagnosis of substance abuse and a psychiatric diagnosis.

- Co-Occurring Diagnoses
- Substance Use Disorder
- Mental Health

RESIDENTIAL CARE FACILITIES

Residential care facilities (RCF) offer group living for seniors and/or people with disabilities who need help with meal preparation, medication monitoring, and personal care, but do not need daily acute medical care. Individual RCF's may specialize clinical areas such as mental health rehabilitation and geriatrics.

- Residential Care Facilities
- Residential Care Facilities for the Elderly

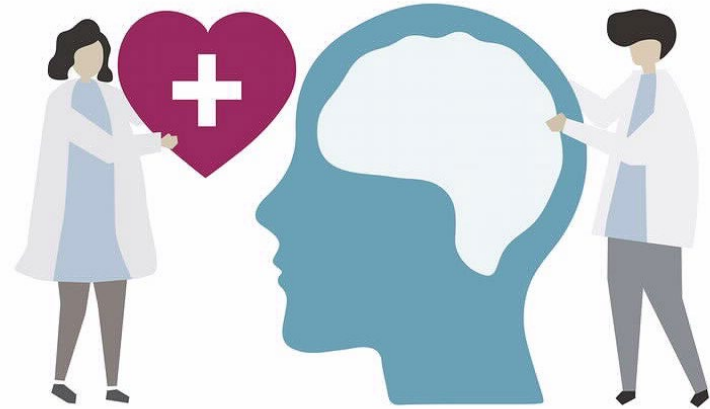
TRANSITIONAL & SUPPORTIVE HOUSING

Transitional and Supportive Housing provides people with significant barriers to housing stability with a place to live and intensive social services while they work toward self-sufficiency and housing stability.

- Residential Step-Down
- Cooperative Living
- Support Hotel
- Stabilization Rooms
- Shelter



Personal story: Care inequity



Vincent was previously diagnosed with schizophrenia and a history of multiple admissions to multiple levels of care including PES, inpatient psychiatric admissions, and single resident occupancy (SRO).

He was 23 years old when he was arrested due to starting a fire at his current SRO in response to hearing voices. He was unable to stand trial due to mental illness (1370). He was in jail for more than 4 months waiting for treatment at a locked sub-acute treatment (LSAT) facility.

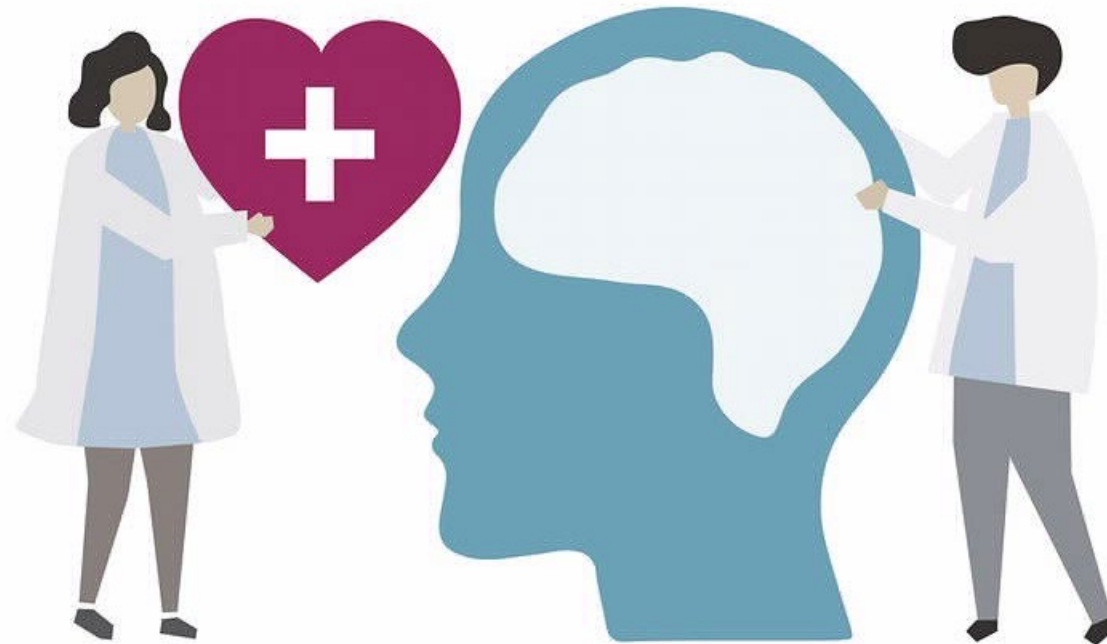


San Francisco Health Network
Behavioral Health Services

Personal story: Service integration

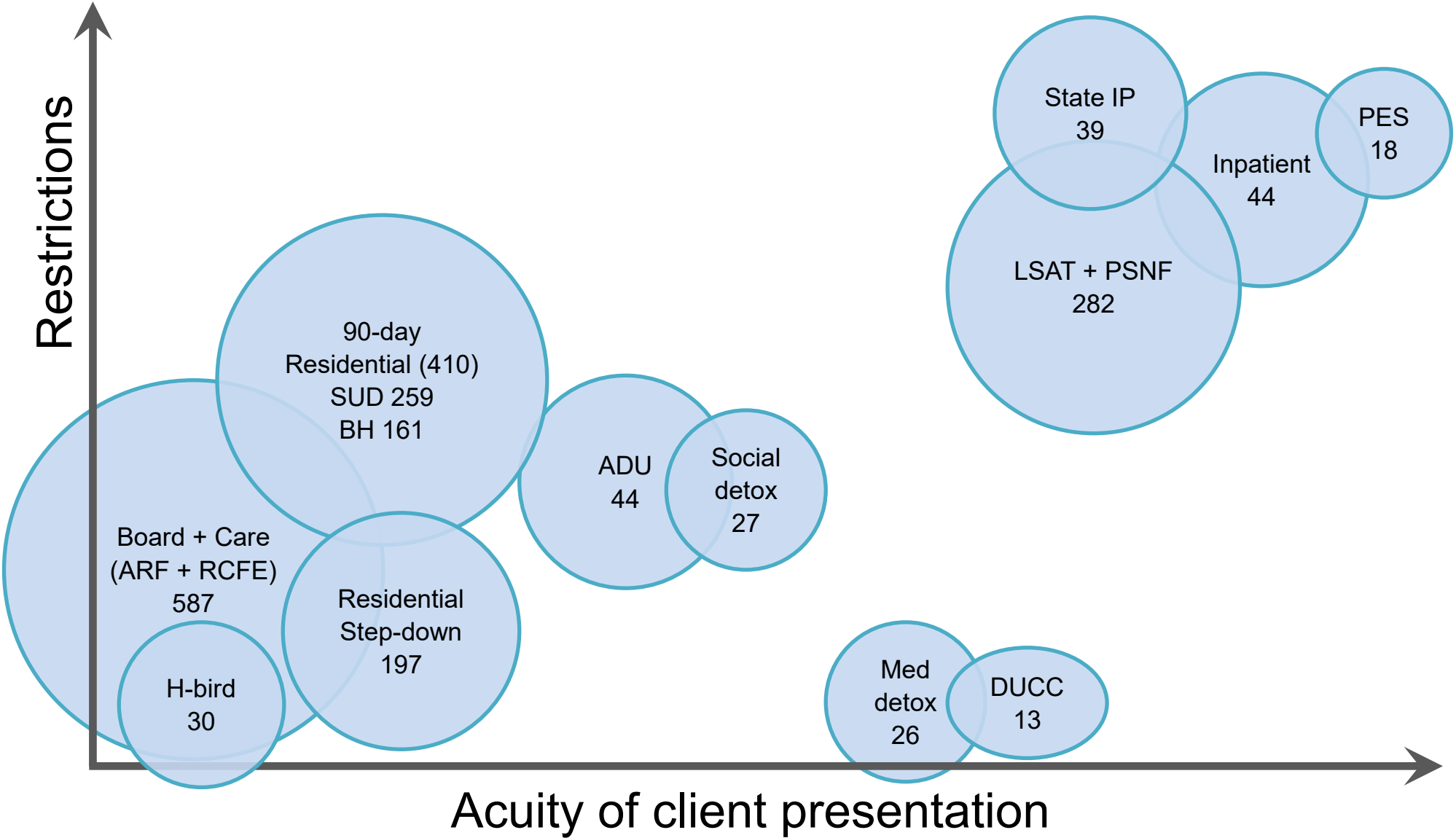
Maria is a 21-year-old woman with schizophrenia, diabetes, and uses methamphetamine. Maria has been staying at the inpatient unit at ZSFGH for a month.

She was referred to both mental health residential and substance use residential 90-day programs but was rejected by both.



San Francisco Health Network
Behavioral Health Services

Current behavioral health residential treatment ecosystem (adult programs)



San Francisco Health Network
Behavioral Health Services

Size of dot = relative number of beds

Design strategy

1. MHSF legislation
2. MH Reform Team's Bed Optimization Report
3. Utilization and vacancy rates (findtreatmentSF.org)
4. Prop C funding and new programming



San Francisco Health Network
Behavioral Health Services

Mental Health SF legislation

“... expand the following types of residential treatment options across the continuum of care to meet identified needs:”

1. Mental Health urgent care
2. Drug sobering center
3. Crisis residential treatment services
4. Secure inpatient hospitalization and locked wards
5. Transitional residential treatment bed
6. Long-term supportive housing and adult residential facilities (also known as “board and care homes”)



Bed Optimization Report

Bed Category	Recommended Expansion
Locked Subacute Treatment	31
Psychiatric Skilled Nursing Facility	13
Residential Care Facilities (aka Board and Care)	31
Residential Care Facilities for Elderly	22
Mental Health Residential Treatment (12-month)	20



Behavioral Health Services: Residential Treatment Beds Utilization

February 1 – June 30, 2021

SUD	Average Daily Utilization	Average Daily Beds Available (Open Beds Reported)
Medical Detox 26 Beds	84%	4.03
Social Detox 27 Beds	85.6%	4
Perinatal Residential 37 Beds	66.8%	12
General Residential 203 Beds	84.8%	27
Residential Stepdown 194 Beds	96.5%	5

Mental Health ₁	Average Daily Utilization	Average Daily Beds Available (Open Beds Reported)
ADU 39 Beds	80.9%	7
90-day Residential 87 Beds	87.2%	11
One-year Residential 28 Beds	90%	3
One-Year Specialty (Women's program) 10 Beds	86%	1.46



San Francisco Health Network
Behavioral Health Services

₁ 60-Day MH Residential I Grove Street is temporarily closed for renovations

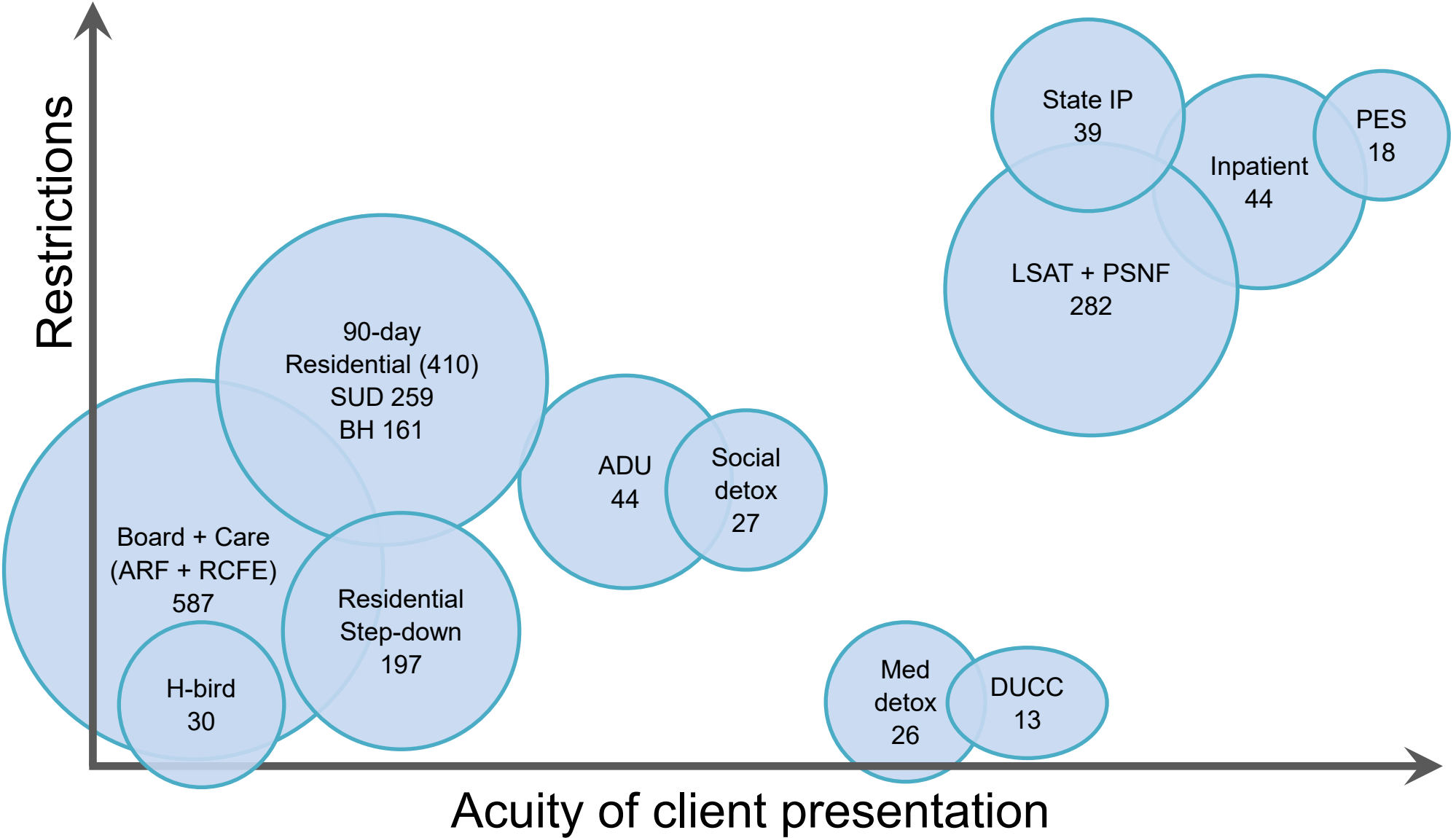
Our City, Our Home (Prop C)

- Our City, Our Home funded support for services for people experiencing homelessness and to prevent homelessness.
- The measure requires that at least 25% of available Prop C funds go to the Department of Public Health for the creation of new mental health services program or programs that are specifically designed for people experiencing homelessness who are severely impaired by behavioral health issues.



San Francisco Health Network
Behavioral Health Services

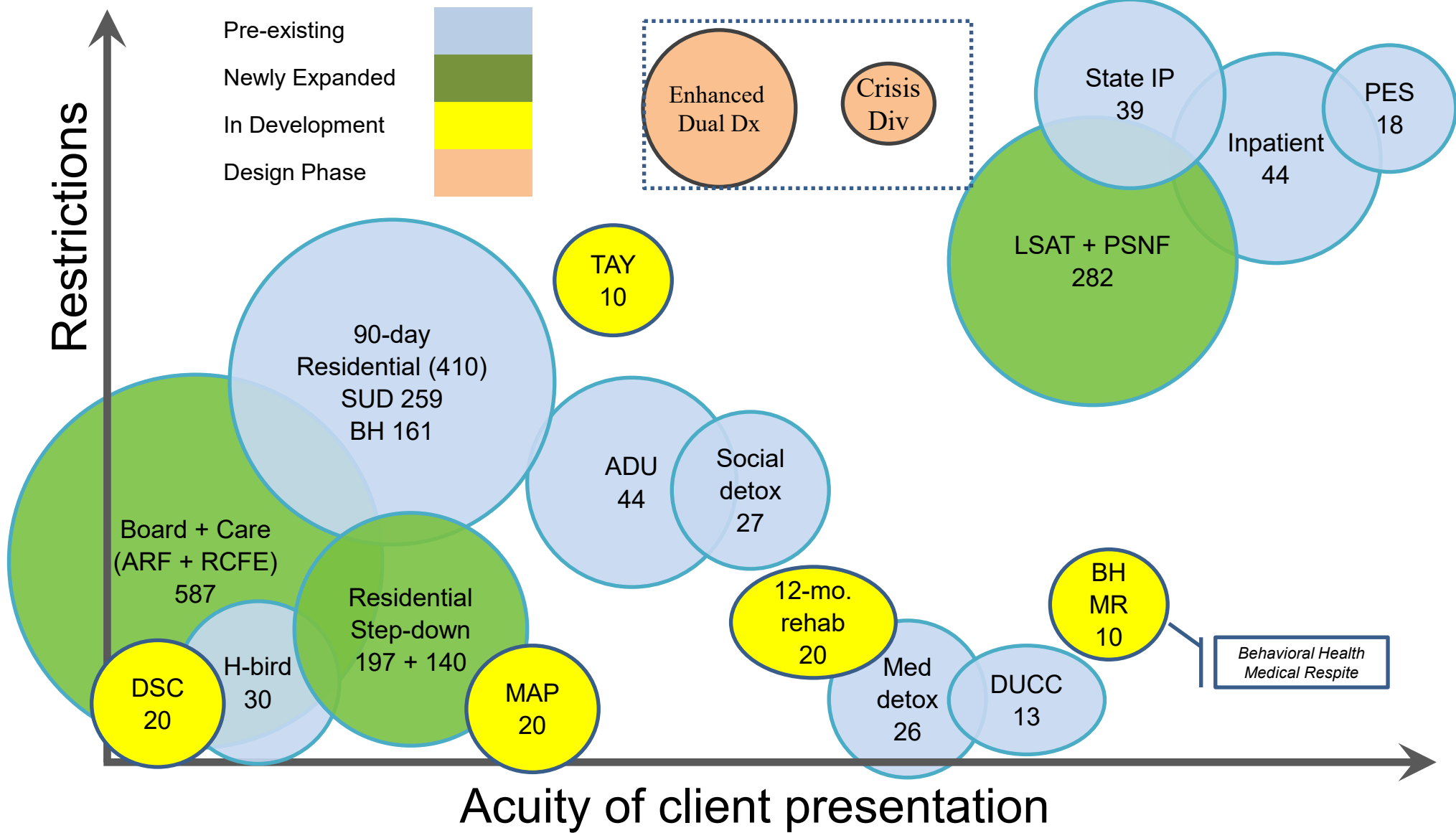
REFRESH: Current behavioral health residential treatment ecosystem (adult programs)



San Francisco Health Network
Behavioral Health Services

Size of dot = relative number of beds

Thought map for behavioral health residential treatment ecosystem (adult programs)



San Francisco Health Network
Behavioral Health Services

Size of dot = relative number of beds

DPH Behavioral Health Beds Expansion

DPH Behavioral Health Residential Care & Treatment Expansion

The San Francisco Department of Public Health (DPH) is increasing residential treatment and care services for mental health and substance use disorders by approximately 400 overnight treatment spaces, or beds. The expansion effort is guided by the 2020 DPH Behavioral Health Bed Optimization Report, Mental Health SF legislation, and with input from stakeholders. The goal is to offer high quality, timely, easily accessible, coordinated, and recovery-oriented care delivered in the least restrictive setting.

30 Beds	Open 2021 Hummingbird - Valencia Status Serving clients Open	Psychiatric respite facility to serve people experiencing homelessness from the Mission and Castro
Goal 20 Est. Beds	Open 2020 Managed Alcohol Program PSH Status Permanent location and additional funding will expand the program from 10 beds to 20 beds Open 10 beds currently open	Pilot Medical supervision for people with chronic alcohol dependency in a permanent supportive housing setting
20 Beds	Open 2021 12-month Rehabilitative Board and Care Status Accepting placements Open	Pilot Out-of-county supervised living and treatment for people with chronic mental health illness and/or coming from locked facilities
Goal 31 Est. Beds	Open 2021 Mental Health Rehabilitation Beds (aka LSAT) Status Accepting placements Open 20 beds available	Out-of-county psychosocial rehabilitation for people who are conserved in a locked setting
Goal 13 Est. Beds	Open Summer 2021 Psychiatric Skilled Nursing Facilities (aka PSNF) Status Contract negotiations 1 2 3 4 5	Out-of-county secure 24-hour medical care for people with chronic mental health conditions
Goal 6 Est. Beds	Open Fall 2021 Cooperative Living for Mental Health ^Δ Status Accepting applications 1 2 3 4 5	Communal living for people with chronic mental health and/or substance use Additional \$11M to stabilize leased properties available through MOHCD

KEY

July 15, 2021

Project Phases and Status

Δ MHSF legislation	1 Program design	4 Out for bid/contracting	Complete
	2 Regulatory assessment	5 Community outreach & City approvals	In process
	3 Facility selection	6 Permit & construction	Planned

Goal 20 Est. Beds	Open Fall 2021 SOMA RISE ^Δ (aka Drug Sobering Center) Status Initiating permitting and construction 1 2 3 4 5 6	Pilot 24-7 program for people experiencing homelessness with drug intoxication, providing short term stays and linkage to services
Goal 73 Est. Beds	Opening date to be determined Residential Care Facility ^Δ (aka Board and Care) Status Active negotiations to acquire a building 1 2 3 4 5 6	Supervised residential program for individuals with mental health issues who require assistance with activities of daily living.
Goal 140 Est. Beds	Opening date to be determined Residential Step-down - SUD ^Δ Status Active negotiations to acquire a building 1 2 3 4 5 6	Long-term sober living environment for clients coming out of residential care programs
Goal 30 Est. Beds	Opening date to be determined Enhanced Dual Diagnosis ^Δ Status Program design in development 1 2 3 4 5 6	Transitional medically enhanced care for people with a dual diagnosis of mental health and substance use issues
Goal 10 Est. Beds	Opening date to be determined Transitional Age Youth (TAY) Residential Treatment ^Δ Status Program design in development 1 2 3 4 5 6	Supervised treatment for young adults with serious mental health and/or substance use issues
Goal 15 Est. Beds	Opening date to be determined Crisis Diversion Facility ^Δ Status Program design in development 1 2 3 4 5 6	Short-term, urgent care intervention as an alternative to hospital care



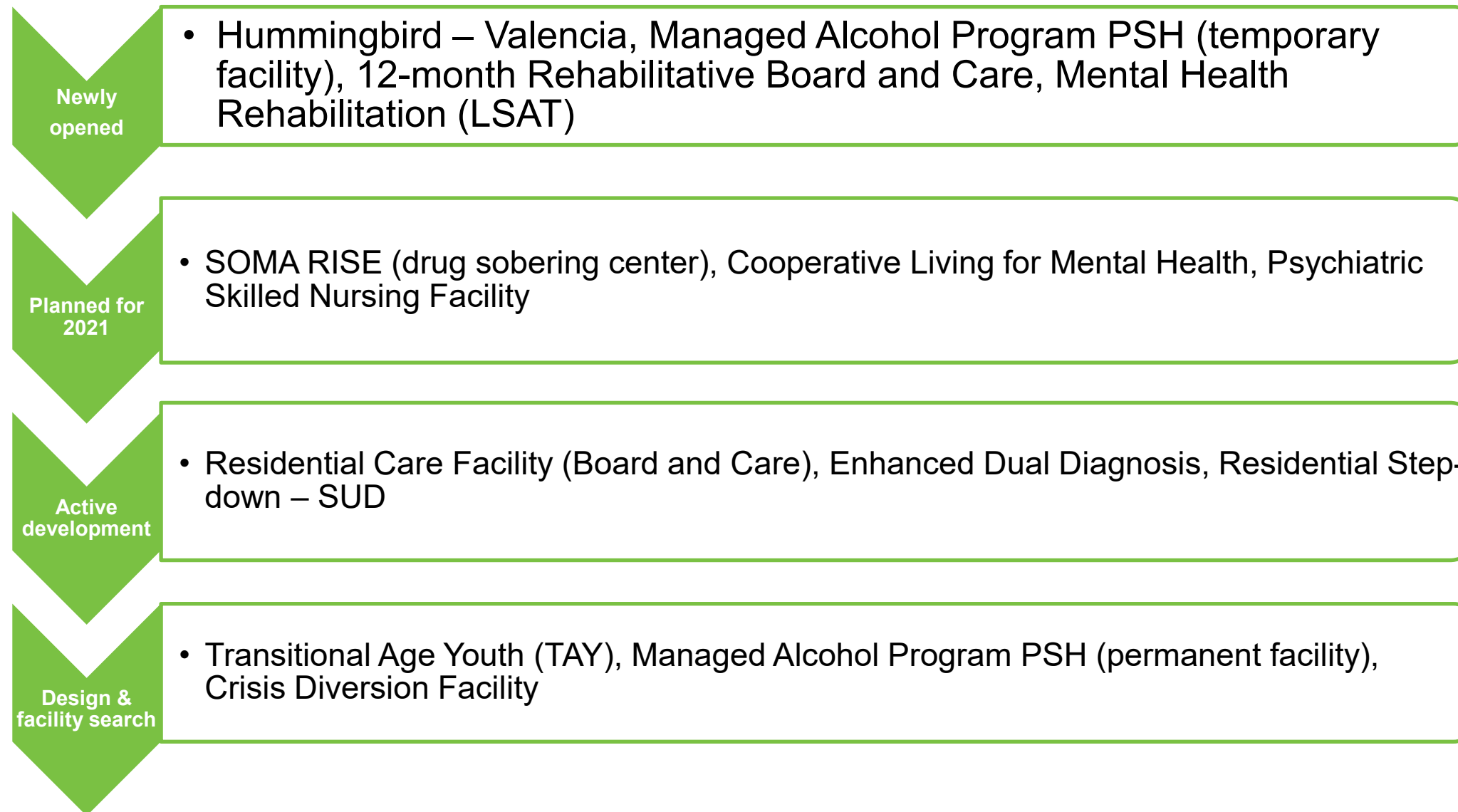
San Francisco Health Network
Behavioral Health Services

Opening new programs

1. Identify facility requirements
2. Research available properties
3. Match program to property
4. Inspect, appraise, and negotiate for property
5. Design architectural plans, permits
6. Initiate construction
7. Initiate operational set-up



Implementation summary



San Francisco Health Network
Behavioral Health Services

Request for IWG guidance

1. We are in the early planning phase for expanding/enhancing dual diagnosis services. Which clients need this type of program and what services do they need to treat their co-occurring mental health, substance use, and medical needs?
2. What outcome measures (measures of success) should we report for new long-term treatment facilities?
 - A. 12-month Rehabilitative Board & Care (with social rehabilitative services)
 - B. Mental Health Rehabilitation (aka locked sub-acute treatment)
 - C. Psychiatric Skilled Nursing Facility beds (PSNF)



Questions?



San Francisco Health Network
Behavioral Health Services



Next steps for New Beds and Facilities

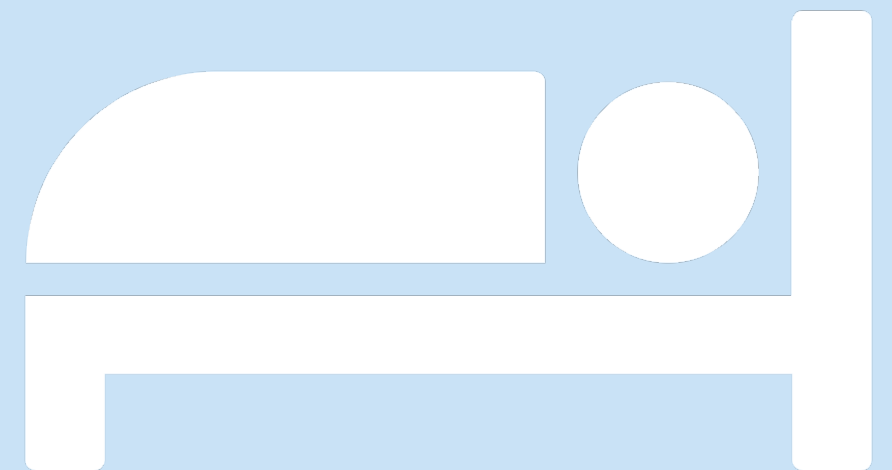
- IWG to submit questions using the standard information and data request form
- DPH will address questions at August meeting
- August meeting we will brainstorm initial recommendation ideas

Public Comment for Discussion Item #5

New Beds and Facilities

Steps:

- Call (415) 655-0001
- Enter access code 146 809 4942
- Press `#` and then `#` again



Public Comment for Any other matter within the Jurisdiction of the Committee not on the Agenda

Steps:

- Call (415) 655-0001
- Enter access code 146 809 4942
- Press `#` and then `#` again





Potential IWG Meeting Topics (FY21-22)

Deep Dive Topic Area	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Spring
SCRT: Program overview	X	X	X	X										
SCRT: Citywide data and updates									X					
NB&F: Drug Sobering Ctr			X	X	X	X						X		
NB&F: Psychiatric SNF, Rehabilitative Board and Care, Mental Health Rehabilitation, Psychiatric SNF, Residential Care Facilities						X	X	X	X					
NB&F: Updates														X
OCC: Conceptual Design, Updates							X	X	X	X				
OCC: Care Coordination & Transition Mgmt (CCTM)							X	X	X	X				
MHSC: Crisis Diversion Program							X	X	X	X				
MHSC: 24/7 access planning, BHAC improvements								X	X	X				
A&E: metrics update				X					X					

Housekeeping

Website for the IWG

- <https://www.sfdph.org/dph/comupg/knowlcol/mentalhlth/Implementation.asp>
- Meeting materials

Next Meeting Date and Time

- August 24, 2021: 9:00 AM -1:00 PM
- 4th Tuesdays of the month

Meeting Minutes Procedures

- Draft minutes in the next two weeks
- Approved meeting minutes will be posted

Adjourn