MHSF TAY Residential treatment (Approved 8.23.22)

Foundational Resources for Recommendation Development

Mental Health SF Administrative code:

Mental Health San Francisco (MHSF), created through legislation (File No. 191148), identifies Page 16, lines 15-25 and Page 17 lines 1-3 that the IWG should

(4) PART FOUR: Mental Health and Substance Use Treatment Expansion. A critical component of Mental Health SF is the expansion of 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 current levels of service, but shall build upon current levels of services and address current gaps in service. 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 referenced in subsection (g)(2)(B) of this Section 15.104, as well as to expanding the following types of residential treatment options across the entire continuum of care:

> *(A) Crisis residential treatment services, including but not limited to, acute diversion, crisis stabilization, detoxification, and 24-hour respite care,*
> *(B) Secure inpatient hospitalization {Or individuals, including persons who are conserved, who meet the criteria {Or involuntary detention and treatment,*
> *(C) Transitional residential treatment beds; and*
> *(D) Long-term supportive housing, including, but not limited to, cooperative 2 living settings with 24/7 off-site case management, single-room occupancy units in supportive housing 3 buildings, and adult residential facilities (also known as "board and care homes").*

TAY Resident Background: see IWG meeting PowerPoints March- April, 2022.

Recommendations related to <u>programmatic elements</u> to be integrated in the TAY residential model

1. Narrow the age limit for the TAY population service to ensure focused, tailored, and age appropriate services
2. Ensure barrier-free access in terms of cultural competency and language. Barriers should also be reduced by offering a welcoming, trauma informed services and engaging a harm reduction approach. Accessibility should be ensured for youth as an alternative to or next step after incarceration.
    a. Consider a pilot whose programmatic structure reflects the current demographic needs and inequities. Program modalities, including contracted CBOs, staff, would be culturally and linguistically concordant with primary group served. (This might require new gap analysis, but we are working on assumption that African-American youth would be first group served).

   b. Based on impact and outcomes of programs, commitment to expand to next demographic group which is most impacted. This would continue as gaps are identified and addressed through each subsequent program.
   c. Prioritize engaging staff, including on-call staff, who speak the primary languages of youth in the program. This is based on the assumption that services, especially for youth with complex challenges, are best provided in the youth's primary language.
   d. Cultivate a provider network, preferably culturally- and linguistically-concordant, who practice in modalities which we know best serves the specific client population.

3. Utilize a strength based, flexible approach that centers on an individual youth's positive identity development. This includes access to a broad arrange of engagements, such as arts, music, sports, dance, meditation, creative movement, education, vocation, mentoring, and employment and skill building. Explore collaboration with city colleges and the state to provide these services. Programming could include nature-based therapeutic opportunities.
4. Consider including access to transportation to needed services that are offsite. Build transportation into the budget- linkage to paratransit is a possibility, but not cool to youth so budget preferrable.
5. Ensure providers are skilled in motivational interviewing.
6. Provide support for making connections for the youth with their families and/or important adult role models.
7. Consider building in training or pipeline component whereby youth with lived experience could be employed to provide peer counseling, mentoring, and support.
8. Build in flexibility so that clients could extend treatment beyond 12 months. To make this feasible, will need to be actively managing demand and capacity of programs.
9. Provide housing supports for TAY who are ready at the completion of the program to transition into permanent housing. Build readiness for independent living into program.
10. Create a youth Community Advisory Board to bring the TAY voice into programmatic development.

Evaluation and metric related recommendations

Key metrics suggested for inclusion include. Will require work with MHSF Analytics and Evaluation team to develop into meaningful measure of success:

1. Involvement with justice or behavioral health system before and after engagement in services (PES, Crisis, and jail services)
2. TAY program wait lists and turn away counts by race/ethnicity and sexual orientation gender identity
3. Linkages to needed services- ongoing and outpatient
4. Length of stay, retention rates, and percentage of planned discharges, with particular attention to ethnicity and socio-economic status
5. Improved quality of life, including such measures as transitions to permanent housing, education, successful job acquisition, and relationship-based measures (friend, connection to a caring adult, etc)

6. Include in the evaluation qualitative components which center the youth voice which gives them opportunity to narrate their experience in their own words through diverse mediums, including art and music.

Recommendations that may relate to other, MHSF domains

1. The Office of Coordinated Care should provide support to ensure referrals to this service and to that out-referred services from TAY residential are completed
2. When releasing RFPs ensure it is accessible to groups and providers who have not traditionally received community funds