

January 25, 2022



Mental Health San Francisco

Implementation Working Group | Jan 2022



San Francisco
Department of Public Health

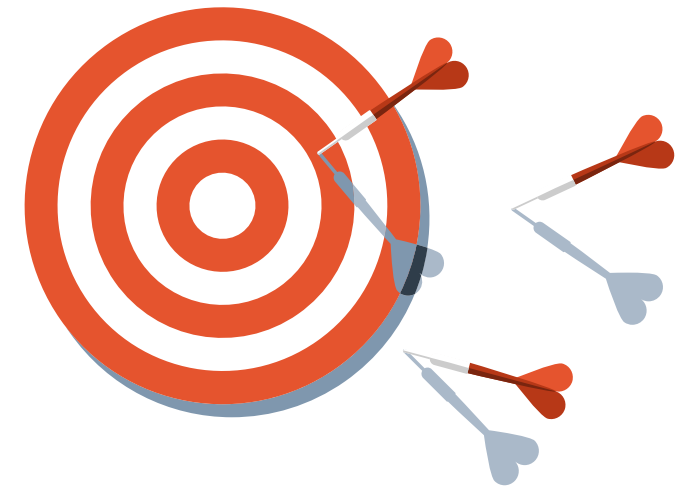
harder  co | community
research

A hand is shown in the foreground, pointing upwards with the index finger. The entire image has a blue color overlay. In the background, there is a blurred image of a group of people, possibly in a meeting or presentation setting.

Call to Order/Roll Call

Meeting Goals

- Receive an update from the MHSF Director
- Review New Beds & Facilities Crisis Diversion Unit draft recommendations
- Receive an update from Analytics and Evaluation
- Review Office of Coordinated Care final recommendations and vote if ready



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



Reminder: Mental Health SF Domains



Marlo Simmons



Heather Weisbrod

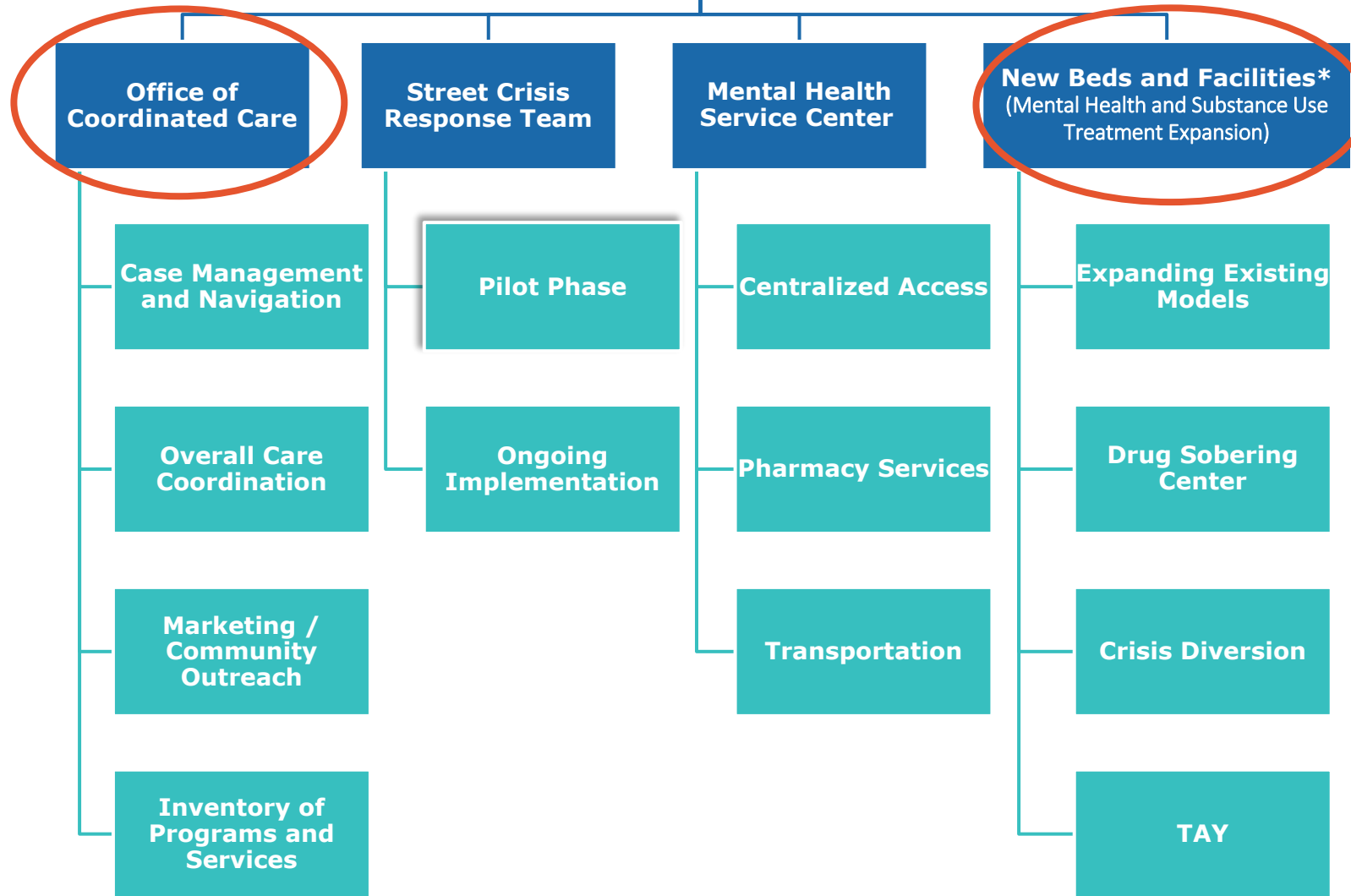


Dr. Monica Rose



Wendy Lee

Mental Health SF Domains



Dr. David Pating



Yoonjung Kim



Eme Garcia



**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

9:10-9:15

Discussion Item #1

Remote meeting update



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

State and Local Requirements

RESOLVED, That MHSF IWG finds as follows:

1. As described above, the State of California and the City remain in a state of emergency due to the COVID-19 pandemic. At this meeting, MHSF IWG has considered the circumstances of the state of emergency.
2. As described above, State and City officials continue to recommend measures to promote physical distancing and other social distancing measures, in some settings.
3. As described above, because of the COVID-19 pandemic, conducting meetings of this body and its Discussion Groups in person would present imminent risks to the safety of attendees, and the state of emergency continues to directly impact the ability of members to meet safely in person

Public Comment for Discussion Item #1

Remote meeting update

Steps:

- Call (415) 655-0001
- Enter access code 2488 882 4932
- Press `#` and then `#` again



Vote on Discussion Item #1

Remote meeting “findings”

Decision Rule:

- Simply majority, by roll call



9:15-9:20

Discussion Item #2

Approve Meeting Minutes

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



Public Comment for Discussion Item #2

Approve Meeting Minutes

Steps:

- Call (415) 655-0001
- Enter access code 2488 882 4932
- Press `#` and then `#` again



Vote on Discussion Item #2

Approve Meeting Minutes

Decision Rule:

- Simply majority, by roll call



9:20-9:40

Discussion Item #3

MHSF Director's Update



Dr. Hillary Kunins

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

Tenderloin Emergency Initiative

- Mayor London N. Breed declared an official State of Emergency in the Tenderloin (12/17/21); ratified by the Board of Supervisors (12/24/21)
- Allows for emergency operations to address the overdose crisis
- The latest draft of the plan seeks to:
 - Get both housed and unhoused people to the services they need
 - Improve safety
 - Reduce crime
 - Increase investment in the community
- The plan is a start and will change based on the opportunities and challenges faced, and on feedback from the community.
- Achievements to date, include:
 - Held listening sessions with neighborhood residents
 - Finalized details for the launch of the Tenderloin Linkage Center
 - Built the outdoor space of the Linkage Center
 - Continued daily operational discussions



Hiring Extravaganza Update

- To achieve MHSF's vision, we need more staff to provide direct care and to support the considerable and necessary infrastructure.
- Goal: Hire at least **200** behavioral health and MHSF positions by **March 30, 2022**. Approximately **90** of these positions lack a civil service list and could not be hired without emergency authorization.
- Reduce backlog and implement process changes so hiring capacity matches program demand moving forward. DPH has created a project team including BHS, HR (DPH and DHR), IT and facilities.
- Emergency authorization will also help streamline the process for remaining positions.
- The plan includes hiring positions needed to implement contracted components of MHSF – CBO partners.



Emergency Declaration Hiring Progress

- January 4 – Full Board of Supervisors hearing on Tenderloin Emergency Declaration, including 1st Supplement regarding hiring
- DHR and DPH implemented process for approvals under emergency authorization
- January 7 – Department of Public Health request to hire 79 positions under Tenderloin Emergency Declaration, which has been approved by the Department of Human Resources (additional position requests likely)
- Remaining positions will be hired using eligible lists when available
- DPH has created a project team including BH, HR (DPH and DHR), IT and facilities
- DPH HR has identified a list of recommended internal process changes to streamline now and going forward – currently being implemented



Vacant Positions by Program Area and Hiring Status

	Position Approval	Selection in Process	Onboarded	Total
Clinical Services - Adult and Older Adult	22	67	27	116
Clinical Services - Youth and Families	5	22	14	41
Office of Coordinated Care	2	35	19	56
Program Development, Data, Oversight and Administration	5	21	4	30
Whole Person Integrated Care	4	9	20	33
Total	38	154	84	276

Target positions for 200+ hires 



Overview of Community Care Expansion (CCE) and Behavioral Health Continuum Infrastructure Program (BHCIP)

- Funding can support acquisition, construction, rehabilitation, and expansion of facilities
- CCE: \$805B to expand adult and senior care facilities
 - Population: applicants/recipients of Social Security Income, including people at risk of/experiencing homelessness and/or with behavioral health conditions.
- BHCIP: \$202B to expand public and private behavioral health physical infrastructure
- Requires matching dollars



Funding Application/Cycles for Infrastructure Programs, BHCIP and CCE

- One cycle of request for funding will be issued end of January 2022
 - BHCIP: Launch-ready BH infrastructure project (\$518M)
 - Outpatient, residential, shelter/support
 - CCE: \$805M for capital expansions and preservation of adult and senior care facilities serving SSI/SSP and cash assistance for immigrant clients
- Additional 3 rounds to come
 - Children and youth (8/22)
 - Gaps (10/22; 12/22)
- Funding requires pre-application consulting
- Launch-readiness defined in RFP



Thank You



San Francisco Health Network
Behavioral Health Services

Public Comment for Discussion Item #3

MHSF Director's Update

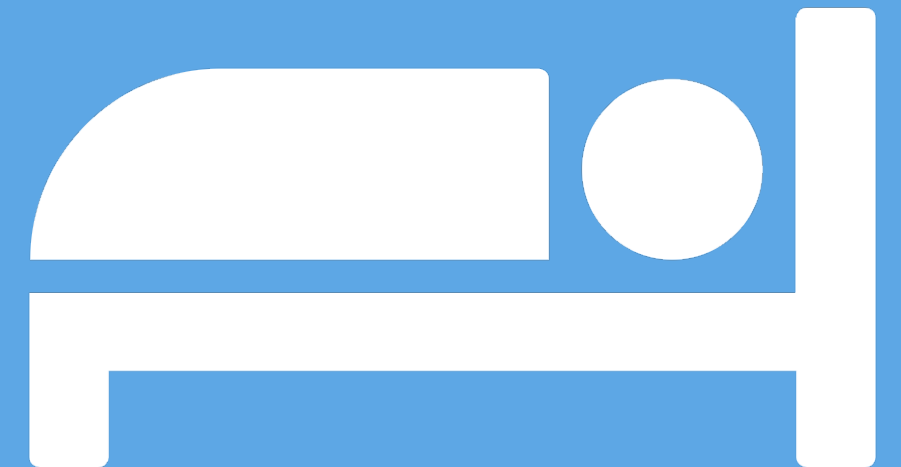
Steps:

- Call (415) 655-0001
- Enter access code 2488 882 4932
- Press `#` and then `#` again

9:40-10:40

Discussion Item #4

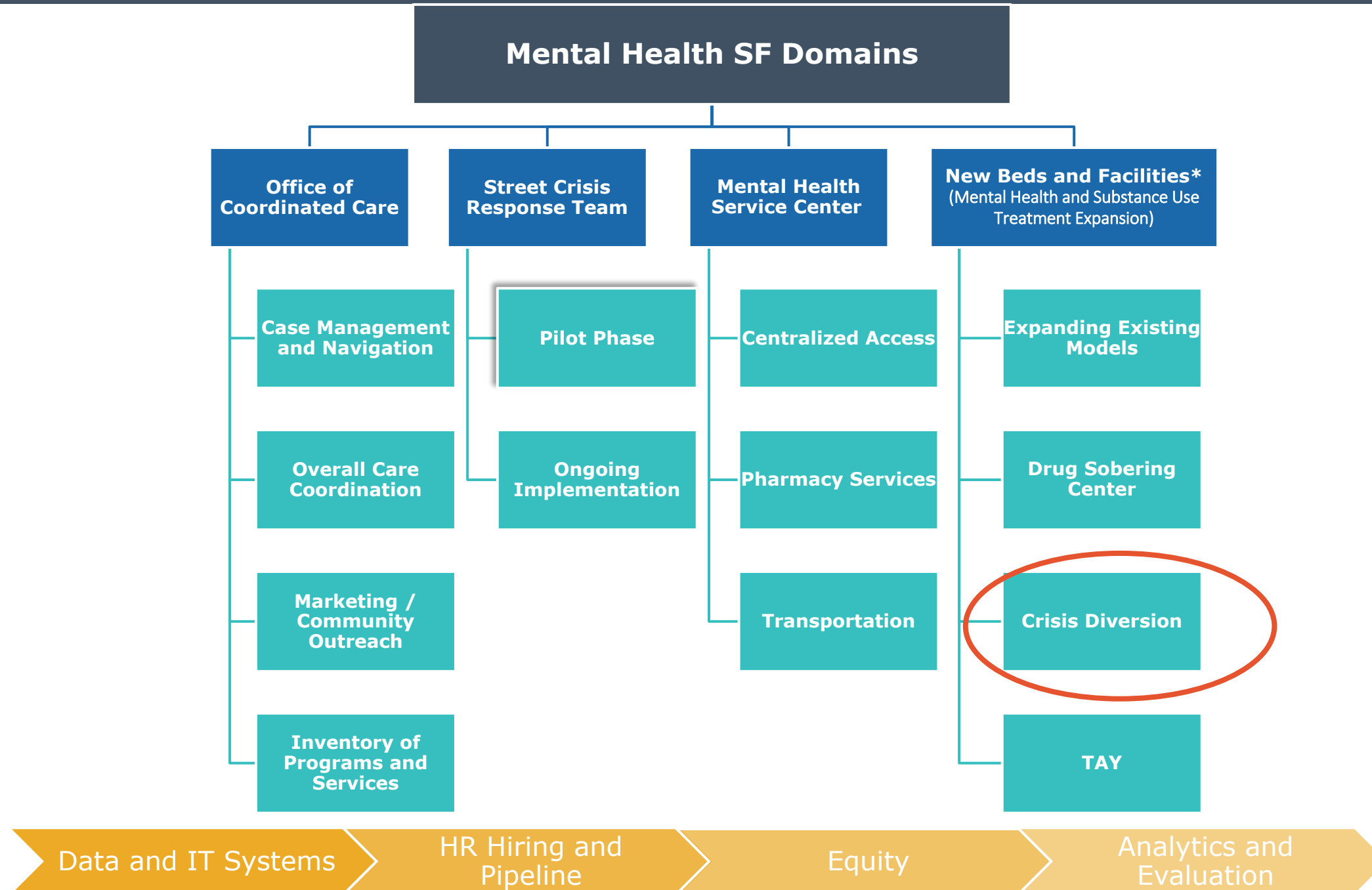
New Beds and Facilities: Crisis Diversion Unit Recommendation Review



All materials can be found on the MHSF IWG website at:
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Reminder: Mental Health SF Domains



Dr. David Pating



Yoonjung Kim



Eme Garcia

Reminder of the Recommendation Roadmap



**September 28-
October 26***
IWG receives
background and
discusses

November 9*
IWG engages in
white board
session to source
recommendation
ideas

December
Discussion Group
crafts
recommendations

January 25*
IWG reviews
Discussion Group's
work

February
Discussion Group
refines
recommendation
wording

February 22 *
Review
recommendations
and vote

Conflict of Interest key
● = step out
● = be vigilant
● = all can participate

* Occurs during monthly IWG public meetings

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

Crisis Diversion Unit Recommendations

Share screen
of recommendations



Reminder of the Recommendation Roadmap

Next up!



**September 28-
October 26***
IWG receives
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Public Comment for Discussion Item #4 **Crisis Diversion Unit Recommendation Discussion**

Steps:

- Call (415) 655-0001
- Enter access code 2488 882 4932
- Press `#` and then `#` again

A blue-tinted photograph of a desk setup. 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

10:45 AM-11:30 AM

Discussion Item #5

Update from Analytics and Evaluation



Monica Rose, MA, PhD
Director, Research & Evaluation
Quality Management
Behavioral Health Services



Wendy Lee
City Performance Unit
Office of the Controller

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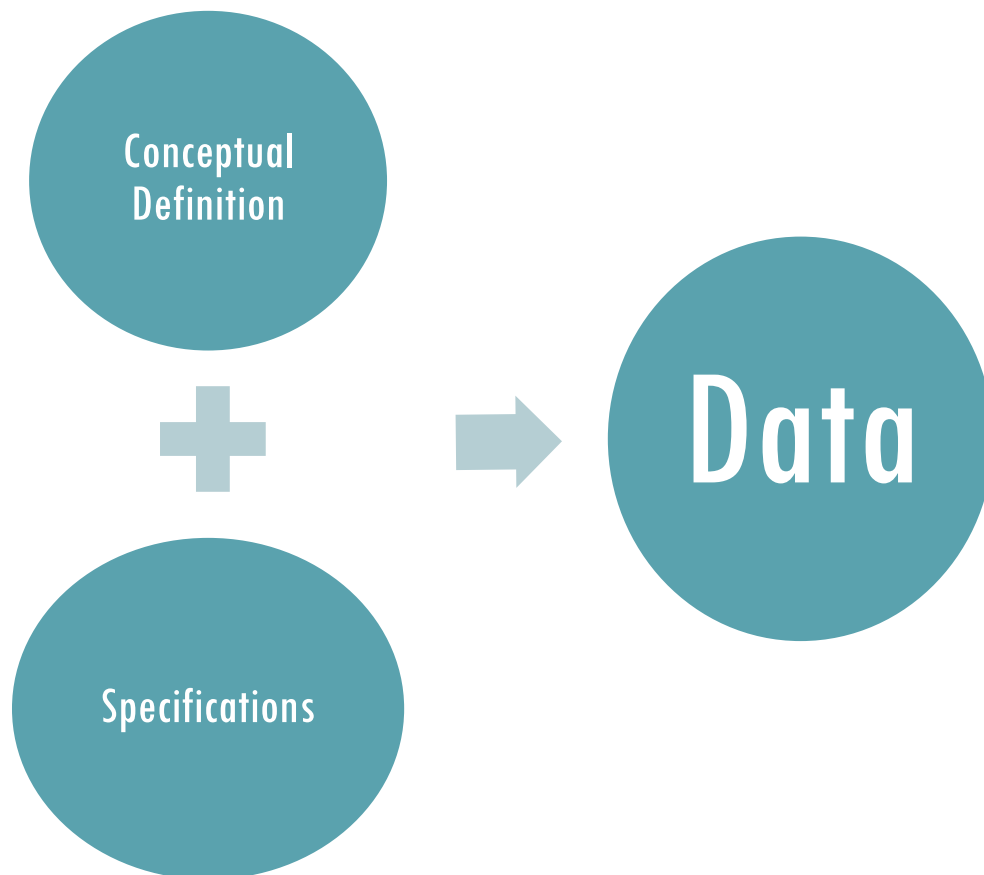
PRESENTATION OVERVIEW

- Mental Health SF Target Population
- Draft of "Core" Metrics
- Using data to identify disparities
- Next steps
- Feedback, Q&A

MENTAL HEALTH SF TARGET POPULATION

Per the Mental Health SF Legislation:

The primary focus of Mental Health SF is to help people with serious mental illness and/or substance use disorders who are experiencing homelessness get off of the street and into treatment.



Processes undertaken to define these areas included:

- Consulting the literature for any established definitions
- Working with Subject Matter Experts (SMEs) from the Prop C Data Working Group, Behavioral Health, Ambulatory Care, Population Health, Homelessness & Supportive Housing (HSH), UCSF, and Information Technology (IT)

MENTAL HEALTH SF TARGET POPULATION DEFINITIONS

Persons Experiencing Homelessness (PEH)

Individual or family who lacks a fixed, regular, and adequate nighttime residence

Serious Mental Illness (SMI)

Persons 18 years of age and older with a Psychotic or Bipolar Disorder, or at least one inpatient visit for a Depressive Disorder

Substance Use Disorder (SUD)

All Substance Use Disorders included except Cannabis, Nicotine, Caffeine-related Disorders , and substance Use Disorders in remission (no use in >12 months)*

**Cannabis related disorders with psychotic symptoms are included*

DEVELOPING & CHOOSING “CORE” METRICS

- A select group of metrics to begin working on 1st
- Prioritized thus far based on areas identified by the Mental Health Reform Work, the Mental Health SF Legislation, and stakeholders and SMEs from the Mental Health SF domains, Behavioral Health Services (BHS), Ambulatory Care, and DPH leadership → **IWG**
- Metrics that will enable broad tracking of the impact of Mental Health SF programs and services for the target population
- Metrics that are measurable, meaningful, and actionable
- Feasible based on data that is available or can be collected
- Manageable number of metrics

FRAMING QUESTIONS

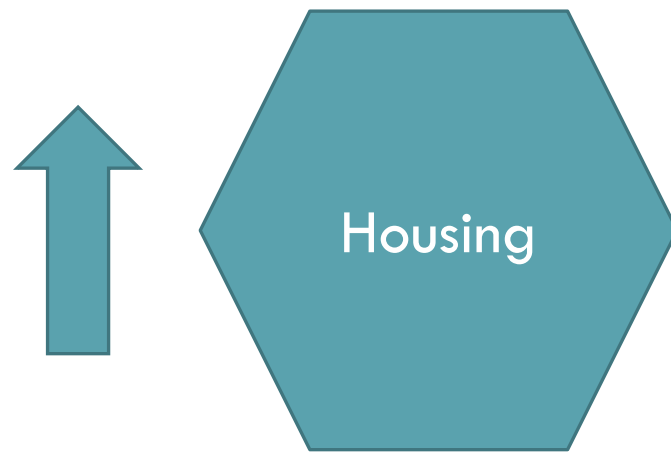
- Are these the metrics that would allow you (the IWG) and other stakeholders to see the impact of Mental Health SF?
- Any metrics that might be missing? Would this be higher priority than a metric currently listed?
- Are there any metrics that you suggest that we deprioritize for our initial phase of reporting?

CORE METRICS AREAS



**Not formally part of Mental Health SF but a priority area for the city and the Mental Health SF target population*

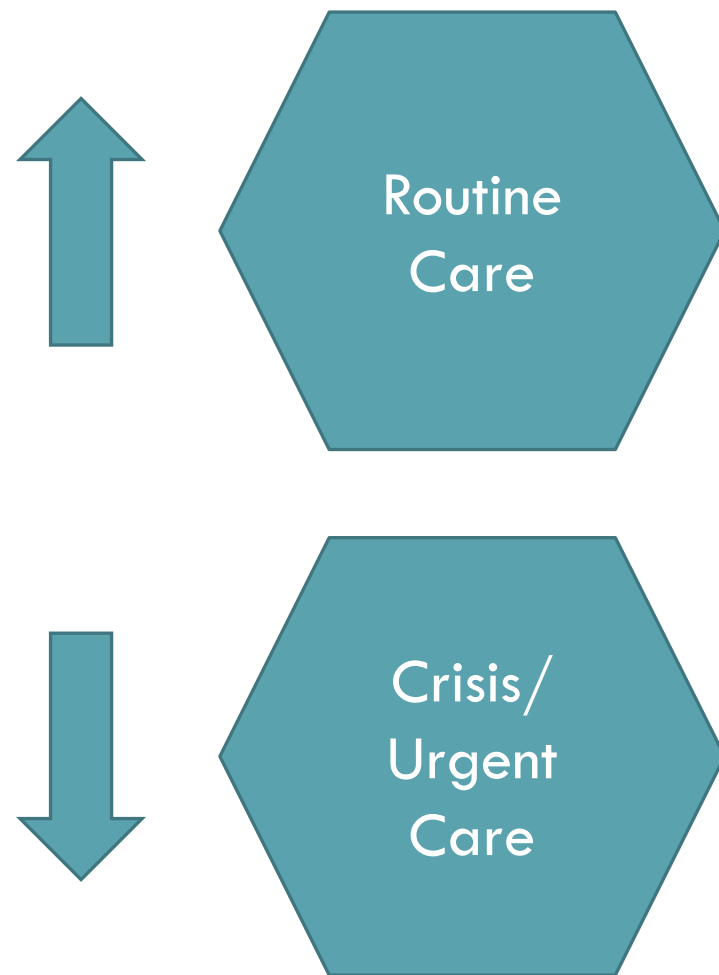
HOUSING



Increase the percentage of the Mental Health SF target population assessed for housing.

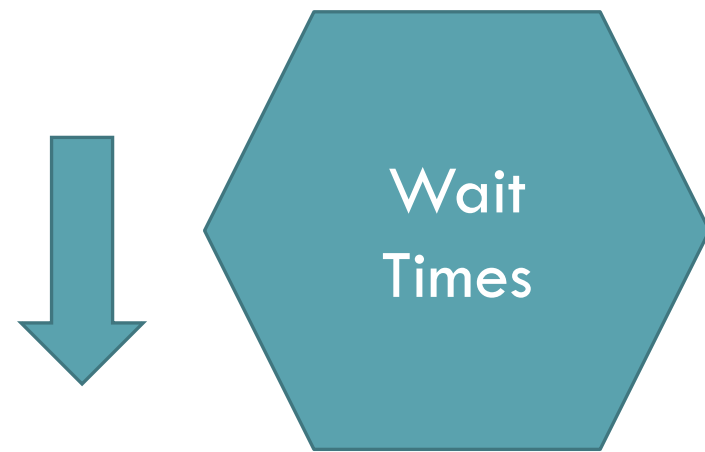
Increase the percentage of the Mental Health SF target population who are placed in supportive housing.

ROUTINE AND CRISIS/URGENT CARE SERVICES



- Increase the percentage of the Mental Health SF target population receiving routine behavioral health care.
- Increase the percentage of the Mental Health SF target population receiving routine behavioral health care post 5150 discharge.
- Decrease the percentage of the Mental Health SF target population who use crisis or urgent care services.

WAIT TIMES



Decrease wait times for Intensive Case Management services.

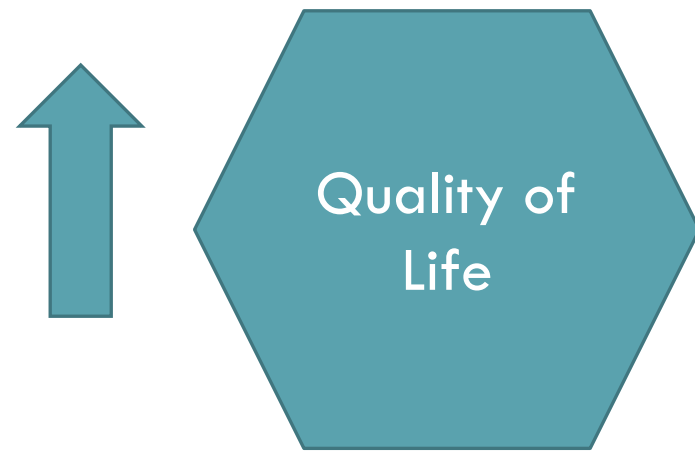
Decrease wait times for residential treatment beds.

OVERDOSE RESPONSE



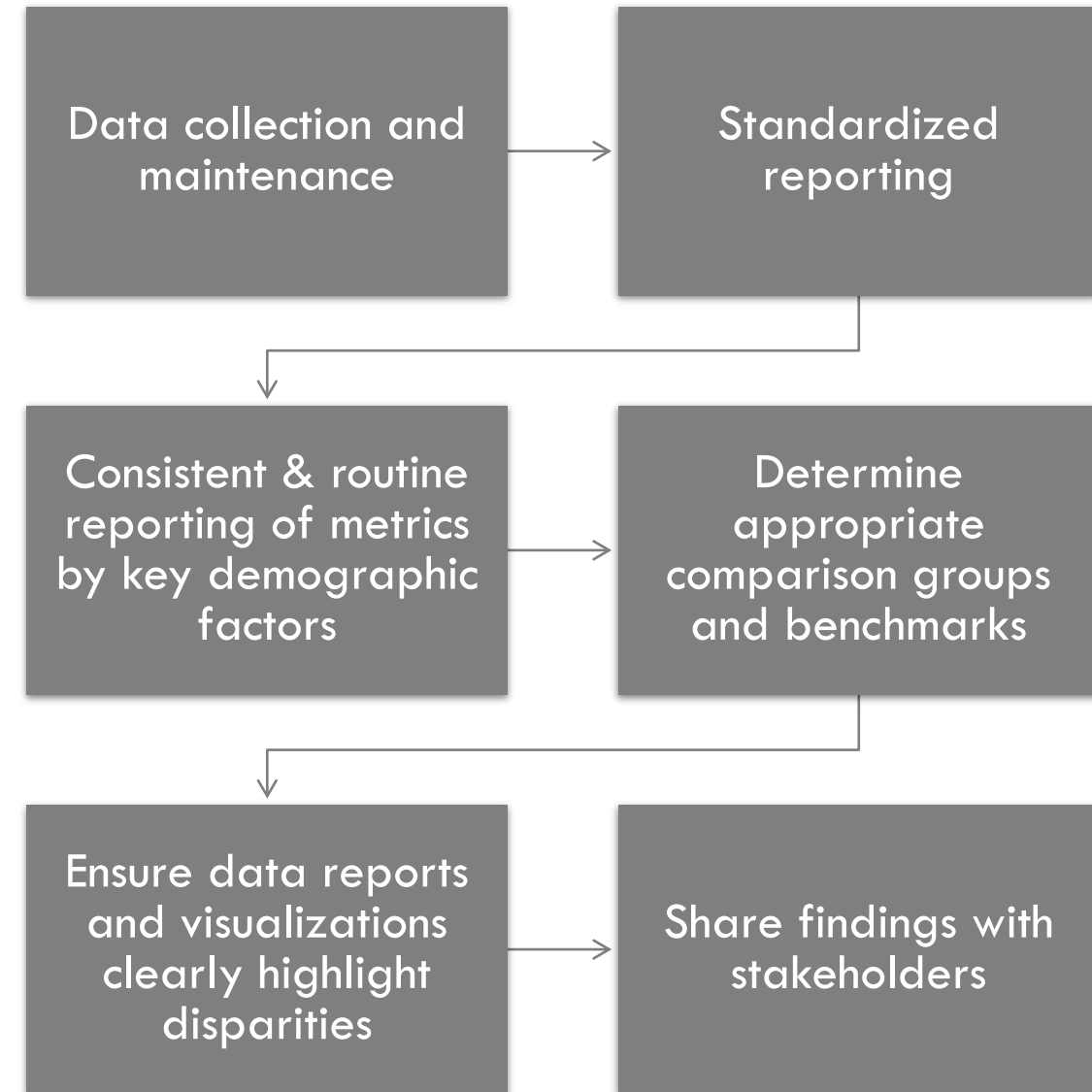
- Increase the amount of naloxone distributed in the community.
- Increase the percentage of persons with Opioid Use Disorders started on buprenorphine or methadone treatment.
- Decrease the number of deaths due to overdose.
- Decrease the disparity rates in deaths due to overdose.

QUALITY OF LIFE



Improve quality of life and functioning for persons in the Mental Health SF target population.

USING DATA TO IDENTIFY DISPARITIES



NEXT STEPS

- **Current quarter (Jan-Mar 2022)**
 - Begin interviews to staff up A&E team
 - Finalize list of Mental Health SF Core Metrics
 - Begin analyzing data and identifying areas where disparities exist in the metrics

- **Next quarter (Apr-Jun 2022)**
 - Complete Mental Health SF target population summary report
 - **Distribute and present to stakeholders**
 - Start developing draft reporting tools
 - Fully staff up A&E team

FEEDBACK? QUESTIONS?

- Are these the metrics that would allow you (the IWG) and other stakeholders to see the impact of Mental Health SF?
- Any metrics that might be missing? Would this be higher priority than a metric currently listed?
- Are there any metrics that you suggest that we deprioritize for our initial phase of reporting?



PROPOSED CORE METRICS

All core MHSF metrics will be stratified by race/ ethnicity, language, and sexual orientation/ gender identity to identify disparities among groups.

Category	Proposed Metric
HOUSING	1 Increase the percentage of the Mental Health SF target population assessed for housing.
	2 Increase the percentage of the Mental Health SF target population who are placed in supportive housing
ROUTINE CARE	3 Increase the percentage of the Mental Health SF target population receiving routine behavioral health care.
	4 Increase the percentage of the Mental Health SF target population receiving routine behavioral health care post 5150 discharge.
CRISIS/ URGENT SERVICES	5 Decrease the percentage of the Mental Health SF target population using crisis or urgent care services.
WAIT TIMES	6 Decrease wait times for Intensive Case Management services.
	7 Decrease wait times for residential treatment beds.
OVERDOSE RESPONSE	8 Increase the amount of naloxone distributed in the community.
	9 Increase the percentage of persons with Opioid Use Disorders started on buprenorphine or methadone treatment.
	10 Decrease the number of deaths due to overdose.
	11 Decrease the disparity rates in deaths due to overdose.
QUALITY OF LIFE	12 Improve quality of life and functioning for persons in the Mental Health SF target population

Public Comment for Discussion Item #5

Update from Analytics and Evaluation

Steps:

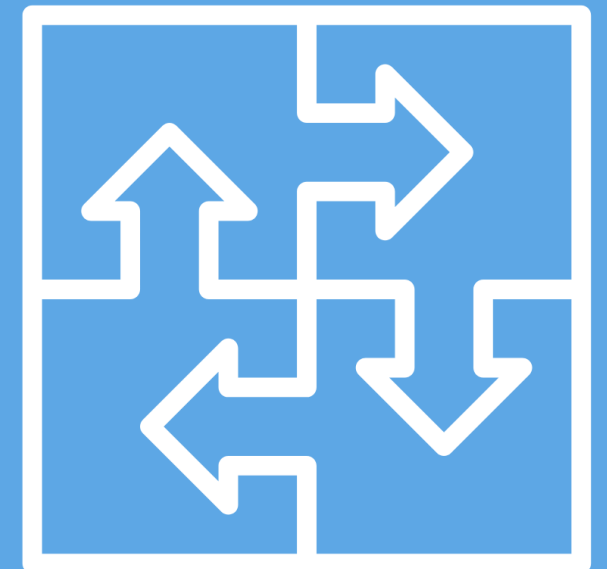
- Call (415) 655-0001
- Enter access code 2488 882 4932
- Press `#` and then `#` again

11:30 AM-12:15 PM

Discussion Item #6

Office of Coordinated Care Recommendation Discussion

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





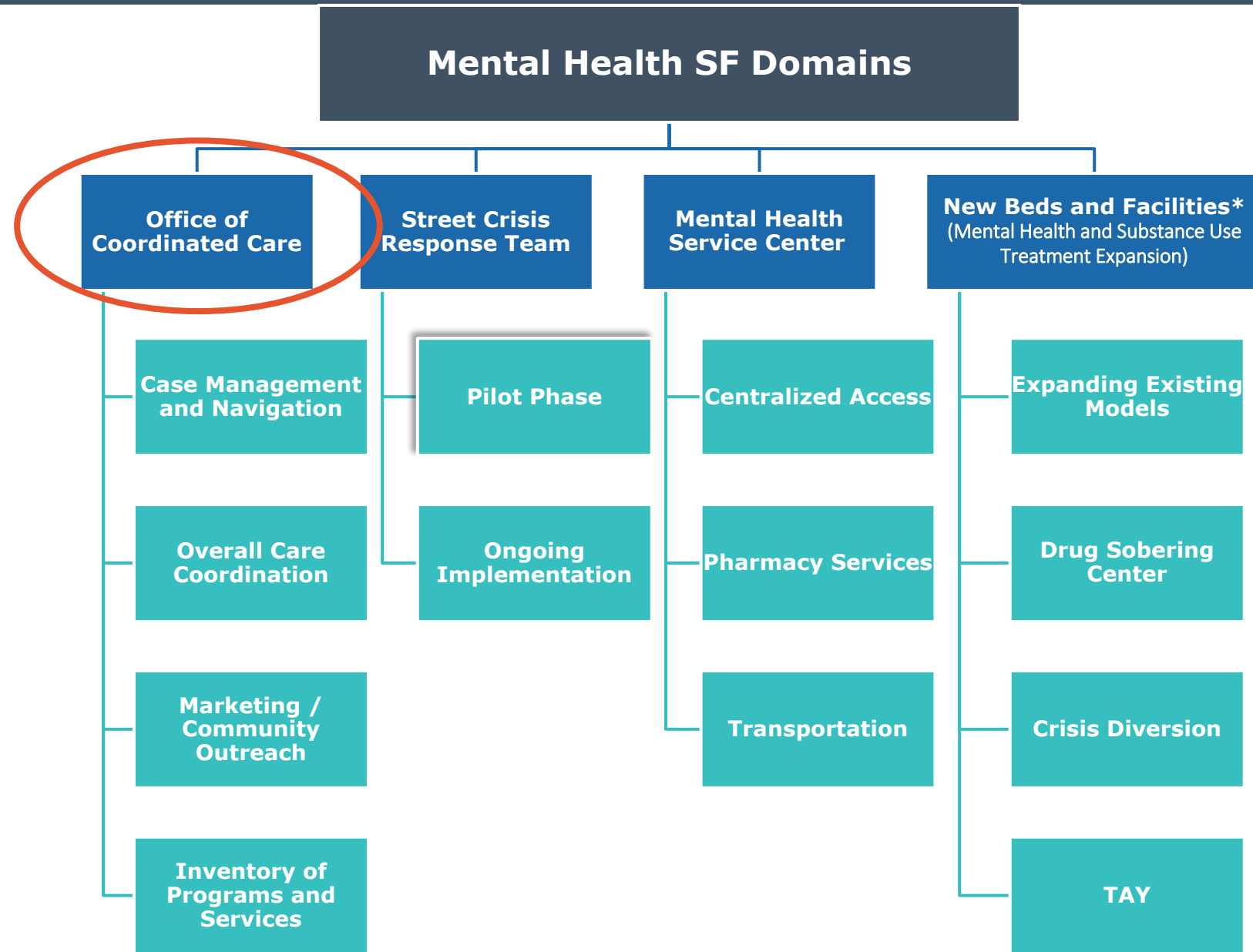
Reminder: Mental Health SF Domains



Marlo Simmons



Heather Weisbrod



**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

You are here!



August-October*

IWG receives PPT presentation and discusses



Nov 9*

IWG engages in white board session to source recommendation ideas



Nov-Dec

Discussion Group crafts recommendations



Dec 14*

IWG reviews Discussion Group's work



Jan

Discussion Group refines recommendation wording



Jan 25*

Review recommendations and vote



Conflict of Interest key

- = step out
- = be vigilant
- = all can participate

* Occurred during monthly IWG public meetings

Share screen
of recommendations



What is your level of agreement with the current list of Office of Coordinated Care 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

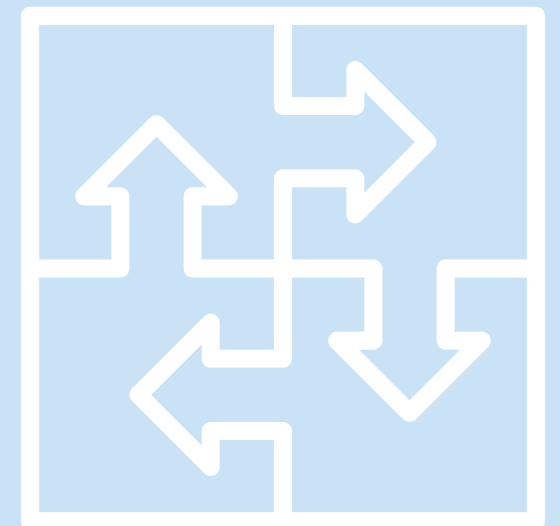
5

I love this!

Public Comment for Discussion Item #6 Office of Coordinated Care Recommendation Discussion

Steps:

- Call (415) 655-0001
- Enter access code 2488 882 4932
- Press `#` and then `#` again



Vote on Discussion Item #6 Office of Coordinated Care Recommendations

Decision Rule:

- Simply majority, by roll call



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

Steps:

- Call (415) 655-0001
- Enter access code 2488 882 4932
- Press `#` and then `#` again



Anticipated IWG Meeting Topics 2022

Topic Area	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
IWG Domains												
Street Crisis Response Team			U	U					U			
New Beds & Facilities (NB&F): Drug Sobering Center					U				U			
NB&F: Crisis Diversion Unit (CDU)	D	D						U				
NB&F: Transitional Aged Youth (TAY)		D	D	D	D						U	
Office of Coordinated Care (OCC)	D	U		U			U					U
Mental Health Service Center (MHSC)				U	U	D	D	D	D			
Analytics & Evaluation	U						U					
<i>Deliverable: IWG Annual Progress Report</i>												
<i>Deliverable: IWG Implementation Report</i>									★			
Other Intersecting Departments/Projects/Briefings												★
CON: Citywide Street Outreach Briefing (SCRT, SFHOT, SORT, etc.)		U										
HSH: Housing Briefing		U										
DPH MHSF Budget Update			U									

D=Design U=Update

Housekeeping

- No vaccine requirement or in person meeting updates
- Crisis Diversion Unit discussion group in February
- Next Meeting Date and Time
 - 4th Tuesday of the month: 9:00 AM
 - February 22, 2022
- Meeting Minutes Procedures
 - <https://www.sfdph.org/dph/comupg/knowlcol/mentalhlth/Implementation.asp>
 - Draft minutes in the next two weeks
 - Approved meeting minutes will be posted

Adjourn