

June 28, 2022



# Mental Health San Francisco Implementation Working Group



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



[This Photo](#) by Unknown Author is licensed under [CC BY](#)

# Kara Chien



*Welcome*

Steve Lipton  
James McGuigan

**Seats still open:**

- Seat 3: Lived experience
- Seat 9: Residential Treatment Program Management and Operations

IWG member send suggestions to:  
[oksana.shcherba@sfgov.org](mailto:oksana.shcherba@sfgov.org)

# **Vote to** **Excuse Absent Member(s)**

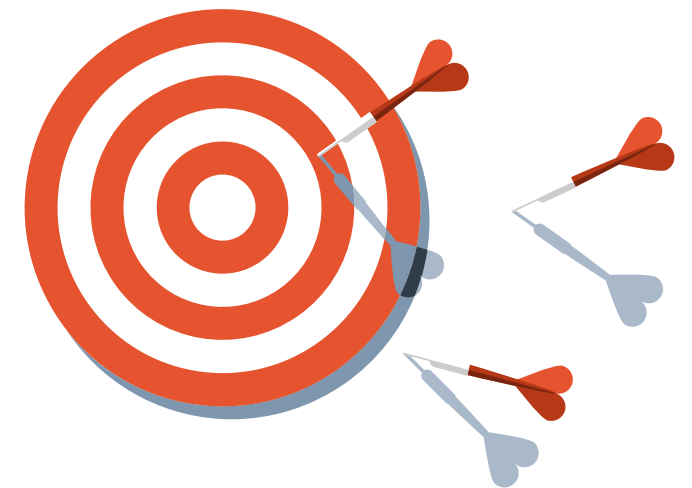
## Decision Rule:

- Simply majority, by roll call

# Meeting Goals

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- Provide feedback to the Controller's Office about the Mental Health Service Center options
- Receive updates on and provide rapid response recommendations to various New Beds & Facilities projects



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

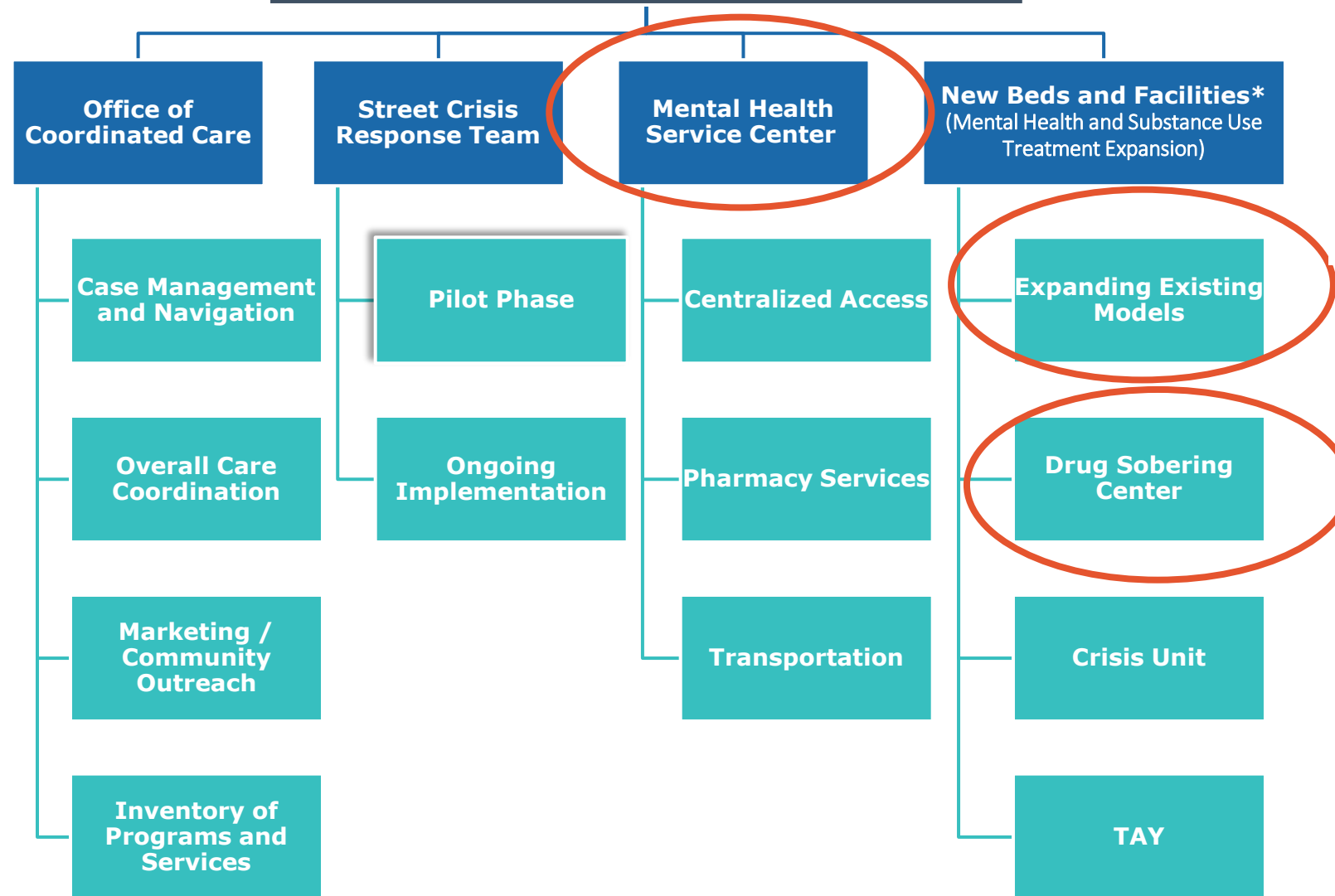


# Reminder: Mental Health SF Domains

## Mental Health SF Domains



Dr. Hillary Kunins



Jamila Wilson



Dan Kaplan



Mike Wylie



David Pating

Data and IT Systems

HR Hiring and Pipeline

Equity

Analytics and Evaluation

9:10 AM - 9:15 AM

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

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RESOLVED, as follows:

1. the State of California and the City remain in a state of emergency due to the COVID-19 pandemic. At this meeting, the IWG has considered the circumstances of the state of emergency.
2. 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 2483 910 2312
- Press '#' and then '#' again



# **Vote** on Discussion Item #1

## Remote meeting “findings”

### Decision Rule:

- Simply majority, by roll call



9:15 AM - 9:30 AM

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 2483 910 2312
- Press `#` and then `#` again



# **Vote** on Discussion Item #2

## Approve Meeting Minutes

### Decision Rule:

- Simply majority, by roll call



9:25 AM - 9:30 AM

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>

# **Public Comment** for Discussion Item #3 MHSF Director's Update

## Steps:

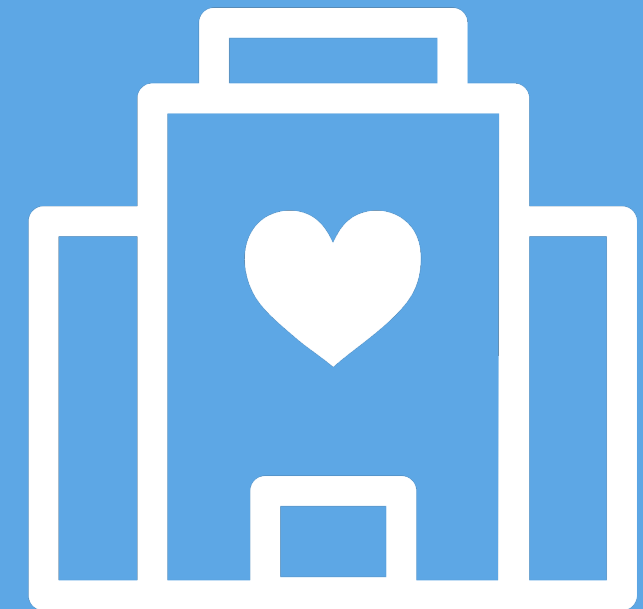
- Call (415) 655-0001
- Enter access code 2483 910 2312
- Press `#` and then `#` again



9:35 AM-10:35 AM

Discussion Item #4

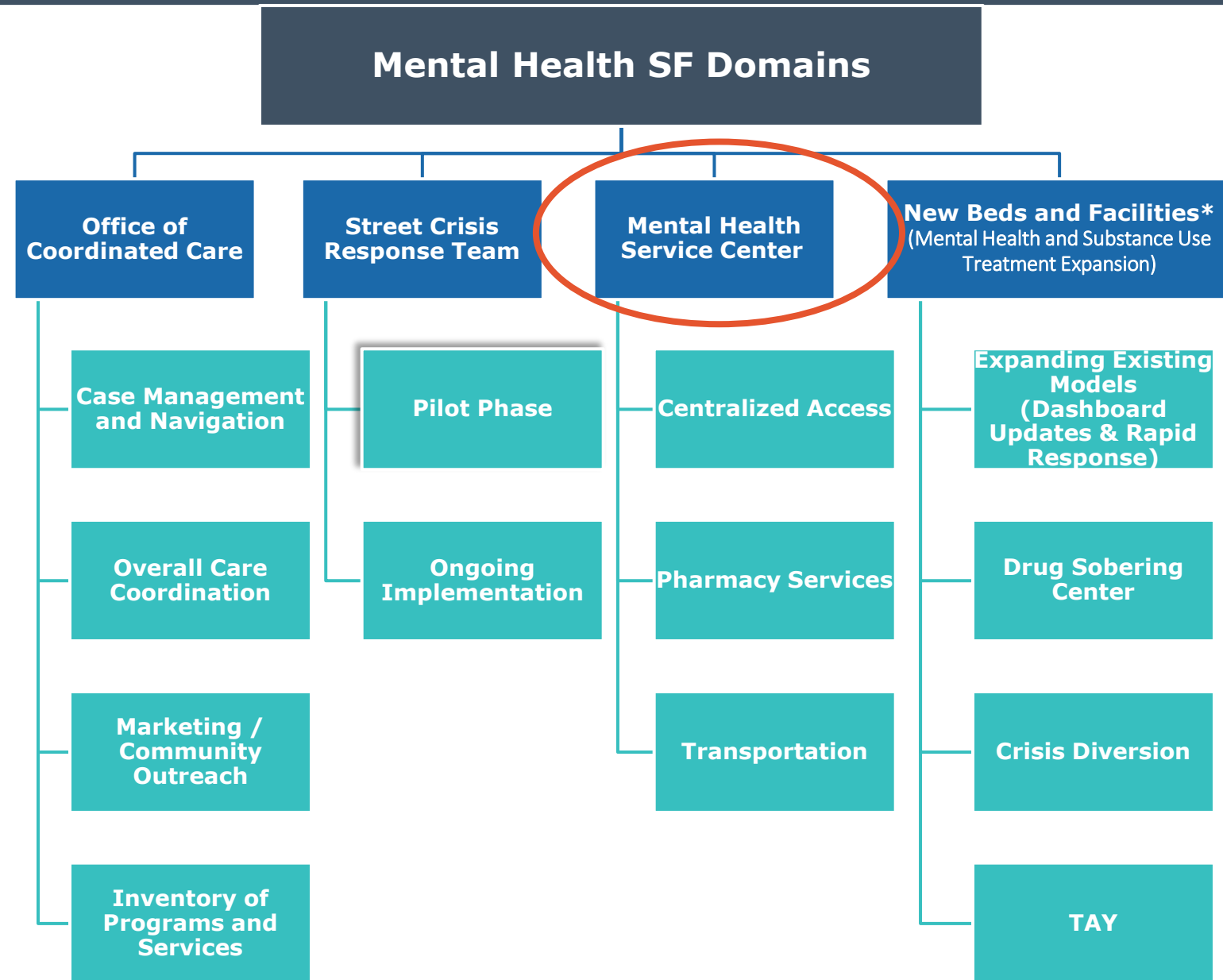
# Mental Health Service Center: Briefing & Discussion



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



Mike Wylie



Jamila Wilson



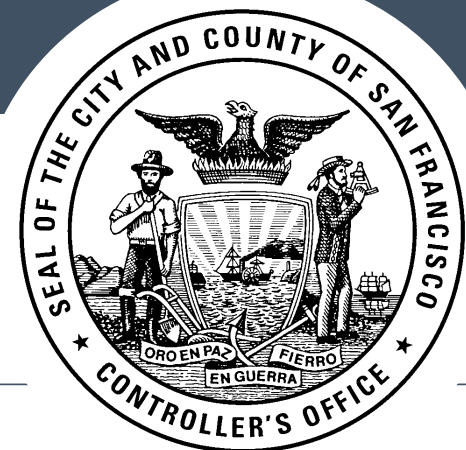
Dan Kaplan





# Mental Health Service Center

Update #3: Preliminary Options Discussion



**CITY & COUNTY OF SAN FRANCISCO**

Office of the Controller  
City Performance Unit

Mike Wylie | Dan Kaplan | Jamila Wilson

06.28.2022

## Legislation Summary & Landscape of BHS Services

## MHSC Legislative Requirements

The MHSF legislation specifies the Service Center provide 6 key services.

### Assessment of Immediate Need

Assess a patient's need for immediate medical treatment refer as necessary and appropriate.

### Pharmacy Services

Stock and provide mental health + substance use medications at a reasonable cost 7 days a week.

### Transportation

To other service sites.  
From Jail and ZSFGH.

### Psychiatric Assessment, Diagnosis, Case Management, and Treatment

Provide onsite consultations, diagnosis and/or referral, create a treatment plan, prescribe medications, and assign case mgmt./care.

### MH Urgent Care

Clinical intervention for those experiencing escalating psychiatric crisis and require rapid engagement, assessment, and intervention.

### Drug Sobering Center

Clinical support and beds at appropriate level of care for individuals experiencing psychosis due to drug use.

### Office of Private Insurance

Not under the MHSC section, but seeks to provide advocacy for insured residents, towards MH Parity and prevention goals of MHSF.

## System-wide View

MHSC Requirement	Existing Programs			Future Programs			Total
	BHAC	DUCC	SCRT	CDU/ CSU	SOMA Rise	OCC	
Assessment of Immediate Need	●	●	●	●	●	◐	●
Psychiatric Assessment, Diagnosis, and Treatment	●	◐	○	●	○	○	●
Case Management	○	○	○	○	○	●	●
Pharmacy Services	◐	◐	○	◐	○	○	◐
Mental Health Urgent Care	◐	●	◐	●	○	○	●
Transportation	○	○	◐	◐	◐	◐	◐
Drug Sobering Center	◐	○	○	●	●	○	●

Do BHS Programs Meet MHSC Requirements?	
Meets	●
Partially Meets	◐
Does Not Meet	○

## Deliverables and Timeline

### Planned Deliverables

- *Crosswalk of Existing Services* -- Identify current services, remaining gaps compared to the legislation.
- *Benchmarking* – Research several other 24/7 service models, including program structure, demand, and key lessons learned.
- *Equity Assessment* – Work with DPH's equity leads to ensure appropriate criteria are considered in the analysis.
- *Interviews with MHSF Stakeholders* – Share findings and solicit feedback on the analysis.
- *Options + Cost Analysis* – Provide three options for a MHSC roll-out, from a standalone to a virtual center approach. Provide cost estimates for each.
- *Project Summary* – Summarize project work in a PowerPoint deck.

## 3 Options for Service Center



## Option 1—Stand-Alone Center

Deliver all services required by the MHSF Legislation in one location. To do so in most cost-effective manner, could scale-up an existing program that already provides some of the required services.

- **Candidates**—BHAC expansion or new location
- **Services Offered**—All services outlined in the MHSF legislation, including a pharmacy and MH urgent care.
- **Staffing**—Augment existing program staff with new hires to cover (1) new service areas, and (2) additional shifts – if expanding existing location.
- **Cost Estimate**—TBD (*Expected to be the highest magnitude, due to need to either expand or renovate a facility and hire additional staff.*)
- **Facility Availability and Timing**—TBD (*Possibly long to obtain new site*). One location may limit access for regions/communities in the city (equity goal).

## Option 2—Multi-Location Center

Deliver required MHSC services through several programs already in operation, with needed staff expansion. However, no individual site would offer all the MHSC required programs.

- **Services Offered**—All service requirements will be met by existing BH programs/sites, however, established and effective access point(s) is needed. *The success of the OCC will assume a large role* in this model - effective coordination of intakes and access to care is needed.
- **Staffing**—Will not need to build new programs but will need to staff additional shifts at existing sites. OCC may also need additional case management staff.
- **Cost Estimate**—TBD (*Expected to be medium to highest order of magnitude. Can leverage existing service models, but certain centers may need to expand hours & staffing*)
- **Transportation**—OCC's Bridge Engagement Services Team to coordinate transportation to care and between sites.
- **Facility Availability and Timing**—An additional facility may not be needed. Around one-year timeline. *Multiple locations help support equity goals.*

## Option 3—Virtual Center

Streamline existing MH call lines into one intake line, similar to those offered in [New York City and Los Angeles](#). This would build off work already underway by the 9-8-8 Workgroup.

- **Services Offered**—Provide an assessment of immediate need, virtual consultations, [and linkages to services provided](#) throughout the BHS landscape. To the extent possible, improve data systems to allow for real-time inventory across the BHS landscape.
- **Staffing Model**—Will not need to build new programs, but may need to hire additional staff to support 24/7 shifts.
- **Cost Estimate**— TBD (*Expected to be lowest magnitude. There are currently several call-centers in operation within the City.*)
- **Facility Availability and Timing**—No facility needed. Around 2 years for stakeholder coordination.

## Overall Questions:

### What are the benefits of each option?

How do each of the options help to fulfill the goals of the MHSF legislation?

How does each provide an opportunity or benefit to meeting DPH and BHS's equity goals?

### What are the challenges of each option?

How might they be challenging to implement?

Will they have challenges or hinder meeting equity goals?

Any key services or MHSF goals that are left unaddressed?

#### Options

1. Stand-Alone Center
2. Multi-Location Center
3. Virtual Center

#### Equity Criteria

To what degree does it:

1. Target DPH/BHS priority populations
2. Provide culturally congruent services
3. Promote workforce diversity
4. Location that supports access (region, transit, etc.)

# **Public Comment** for Discussion Item #4 **Mental Health Service Center: Briefing & Discussion**

## Steps:

- Call (415) 655-0001
- Enter access code 2483 910 2312
- Press `#` and then `#` again



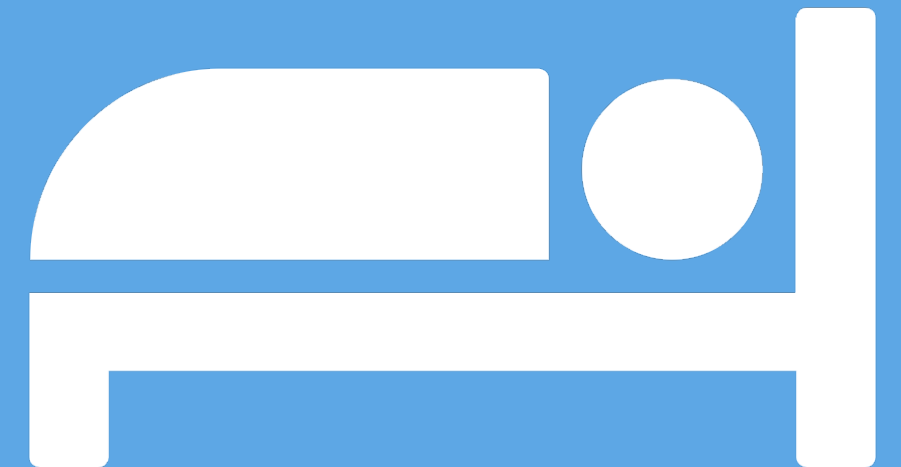
A blue-tinted photograph of a desk setup. In the foreground, a white ceramic mug is on the left. To its right, a laptop is open, and a smartphone lies flat on the desk surface. The background is slightly out of focus, showing a window with blinds and some papers. The text "5 Minute Break" is overlaid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

**5 Minute Break**

10:40-11:40 am

Discussion Item #5

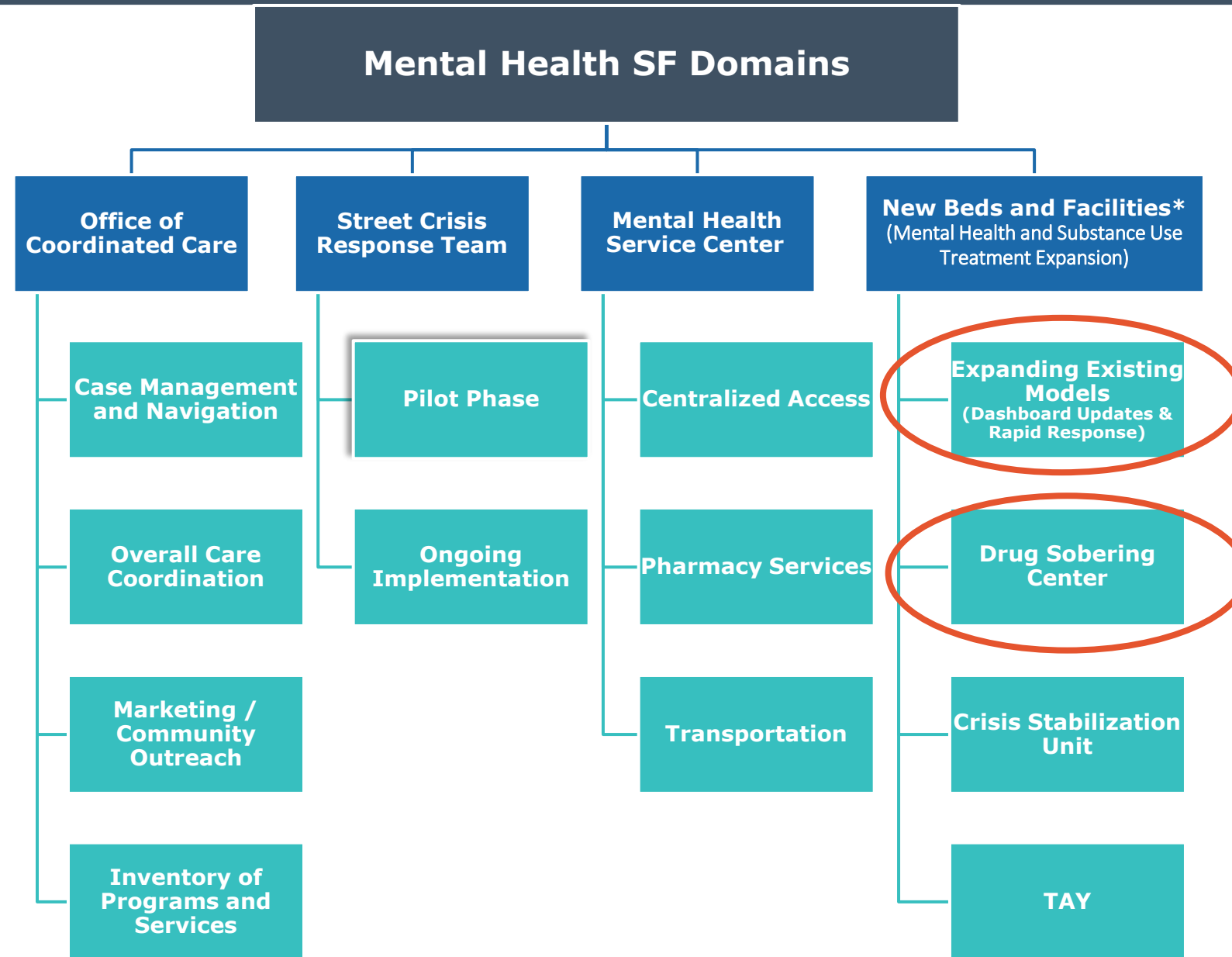
# **New Beds and Facilities: Minna Project and Drug Sobering Center Updates & Recommendation Review**



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



# Reminder: Mental Health SF Domains



David Pating







# Minna Project:

a Dual Diagnosis Transitional Care  
Program for People With Justice  
Involvement

Prepared for Mental Health SF  
Implementation Working Group

June 28, 2022

Presented by  
David Pating, MD  
Domain Co-lead, New Beds and  
Facilities



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**Review:** Minna Project Opening  
**Program Overview and Services**  
**Program Evaluation:** Key Outcomes

# 06/09/22: Minna Project Ribbon Cutting!





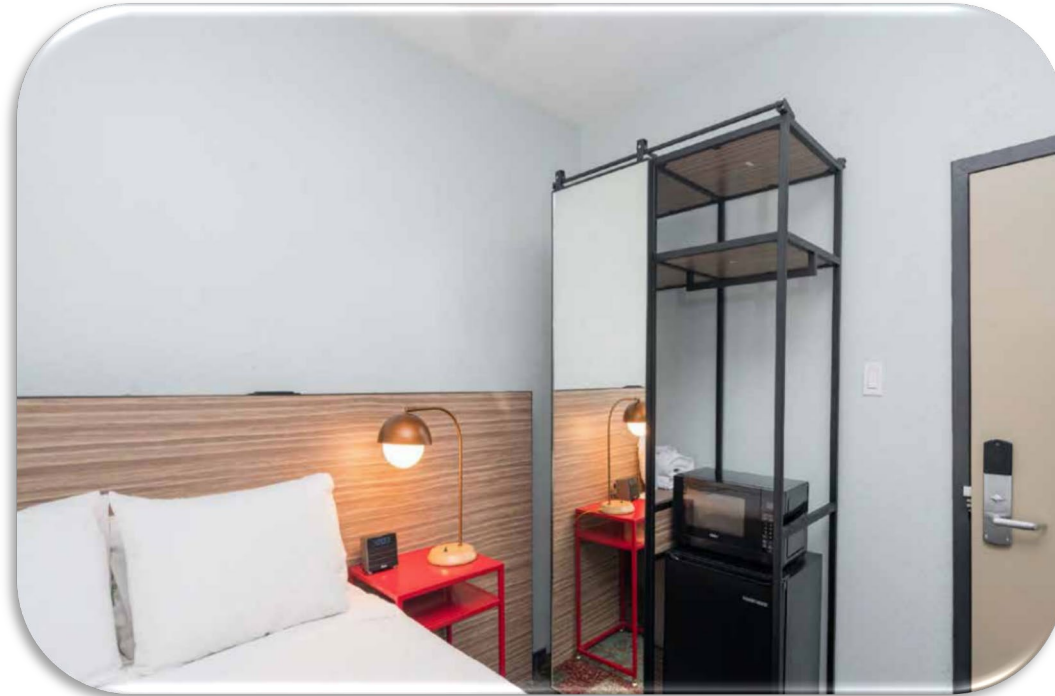
# Minna Project

- Located at 509 Minna Street on South Market Street
- Joint project of Dept Public Health (DPH) & Adult Probation Department (APD).

**Goal:** Improve quality of life and enhance recovery for clients (a) *with **justice-involvement***, (b) *have **mental illness and/or substance use disorder*** and, (c) *are **homeless*** (or at-risk for homelessness).



# From Hotel to Housing...



- 75 units with private baths
- Treatment space
- Commercial kitchen and<sup>37</sup> laundry facility
- Two dining rooms

# # ...Bright and Airy!

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# ON-SITE SUPPORTIVE SERVICES

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## Individualized support services provided on site

### DPH Clinical Services

- Clinical services
  - Clinical assessment and review
  - Case management
  - On-site specialty MH/SUD outpatient services
  - Medication management
  - Individual therapy
  - Group therapy

### APD Supportive Services

- Property management
- Reentry case management services
- Program coordination, referrals and intakes
- On-site 12-step and support group
- Peer support

# MAY MHSF IWG INPUT: Clinical services

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## Key principles & design elements for the Minna Project's clinical services

### Environmental Recommendations

- Welcoming/culturally-affirming space for multiple groups
- Use of non-judgmental language i.e., "clean" or "dirty" for peoples' drug use



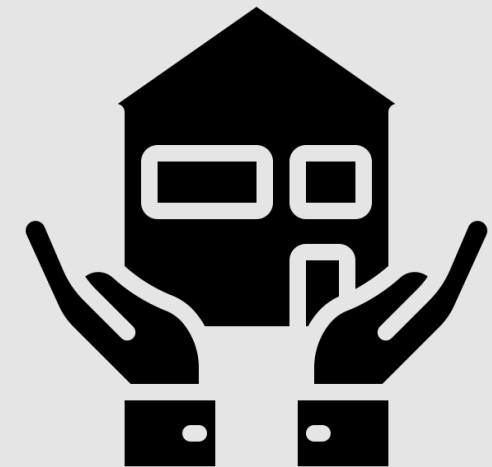
### Care Practices

- Trauma informed care
- Harm reduction, substance use treatment, medication management
- Non-pharmacological interventions e.g., meditation, working out, adequate free time



### Other Support

- Court support
- Basic computer skills
- Fair housing management





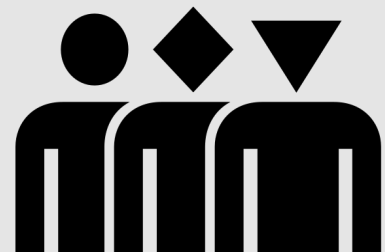
# MAY MHSF IWG INPUT: Equity

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## Ideas to support the Minna Project's racial equity

### **Workforce Equity**

- Reflective, culturally competent workforce
- Language competence, esp. Cantonese and Spanish
- Pay parity between sectors and across position types
- Workforce pipelines at local high schools



### **Staff Training**

- Support and training around bias and DEI issues
- Address stereotype threat
- Assure that return to custody is not part of care plan
- Understand how different communities view abstinence and harm reduction



# Key Outcomes for IWG consideration

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Identify one key performance measure of success for Minna Project in each of the following domains?

1. Transitional Housing for PEH (1)
2. Justice Involvement (1)
3. Behavioral Health (1)

Some examples:

*"how many clients transition to permanent housing,"*

*"a reduction in recidivism or re-arrest"*

*"a reduction in visits to PES"*



# Discussion



# SoMa RISE:

a drug sobering center  
on howard street

Prepared for Mental Health SF  
Implementation Working Group

June 28, 2022

David Pating, MD  
Domain Co-lead,  
New Beds and Facilities

# Soma RISE

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- Located at 1076 Howard Street on South Market St.
- Dept Public Health (DPH) in contracted partnership with HealthRight 360 (HR360)

**Goal:** Provide a safe and welcoming space for people to stabilize and "come down" from drug intoxication.

**Additional support services:** Food, showers, and safe place to rest







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Linkages  
Operations  
Metrics  
MHSF Policies

# Linkages

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- Offer linkages
- Track linkages accepted
- Track types of linkages accepted



# Operations

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- Storage space for client belongings
- Quiet activities
- Options for those that can't be served, i.e. under 18
- Outreach to under-represented communities
- Partner with other community service providers
- Outreach to CBOs and DPH outpatient service centers
- Pay parity between DPH and CBOs



- Number of people served
- Number of linkages
- Number of overdose reversals
- Number of harm reduction kits accepted
- Number of trainings provided
- Number of showers, meals, etc.



# Example Dashboards I (services)

Based on Tenderloin Center

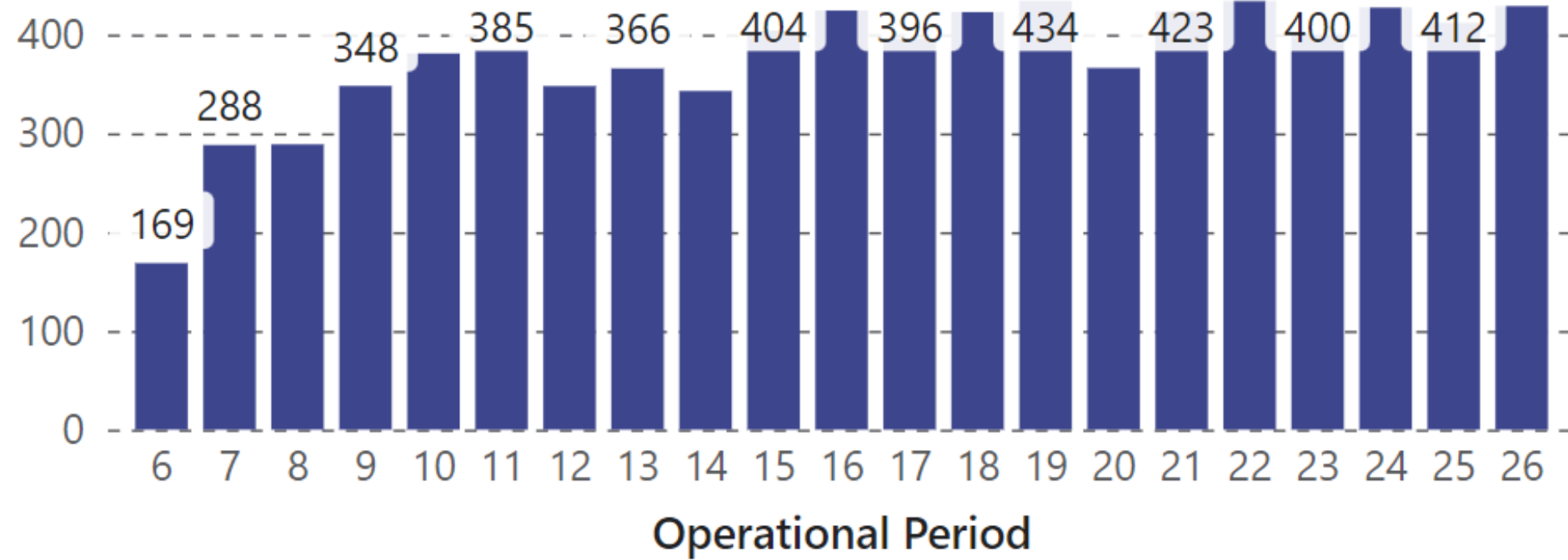
The screenshot shows the top navigation bar of the SF.GOV website. On the left is the official seal of the City and County of San Francisco, followed by the text 'SF.GOV'. To the right are two menu items: 'Services' and 'Departments'. Further right is a search bar with the placeholder text 'Search' and a magnifying glass icon. Below the navigation bar is a dark blue banner with white text. The banner contains the following text: 'Part of Tenderloin Emergency Initiative data and reports', followed by the main title 'Increasing connections to care for people in the Tenderloin' in a large, bold font, and a subtitle 'Data about people in the Tenderloin connecting to health and social services.'

## Cumulative daily guests at the Tenderloin Center

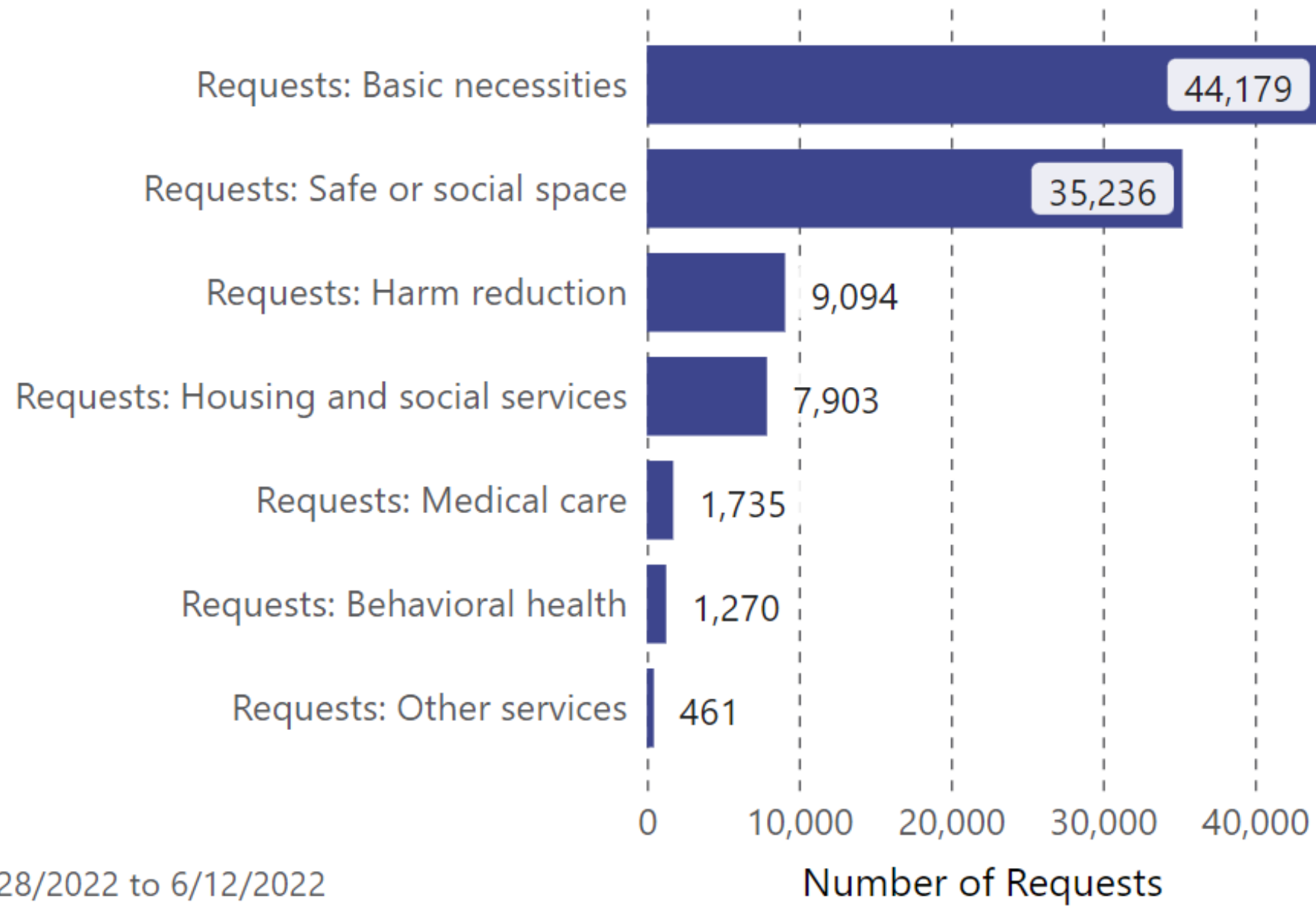
# 55,219

1/17/2022 through 6/12/2022

## Average daily guests at the Tenderloin Center



## Services requested at the Tenderloin Center



# Dignity services provided through the Tenderloin Center

The following dashboard shows the cumulative number of meals, showers, and loads of laundry provided at the Tenderloin Center since the initiation of data tracking for each measure.

Cumulative meals provided

**40,365**

1/17/2022 - 6/12/2022

Cumulative showers provided

**5,249**

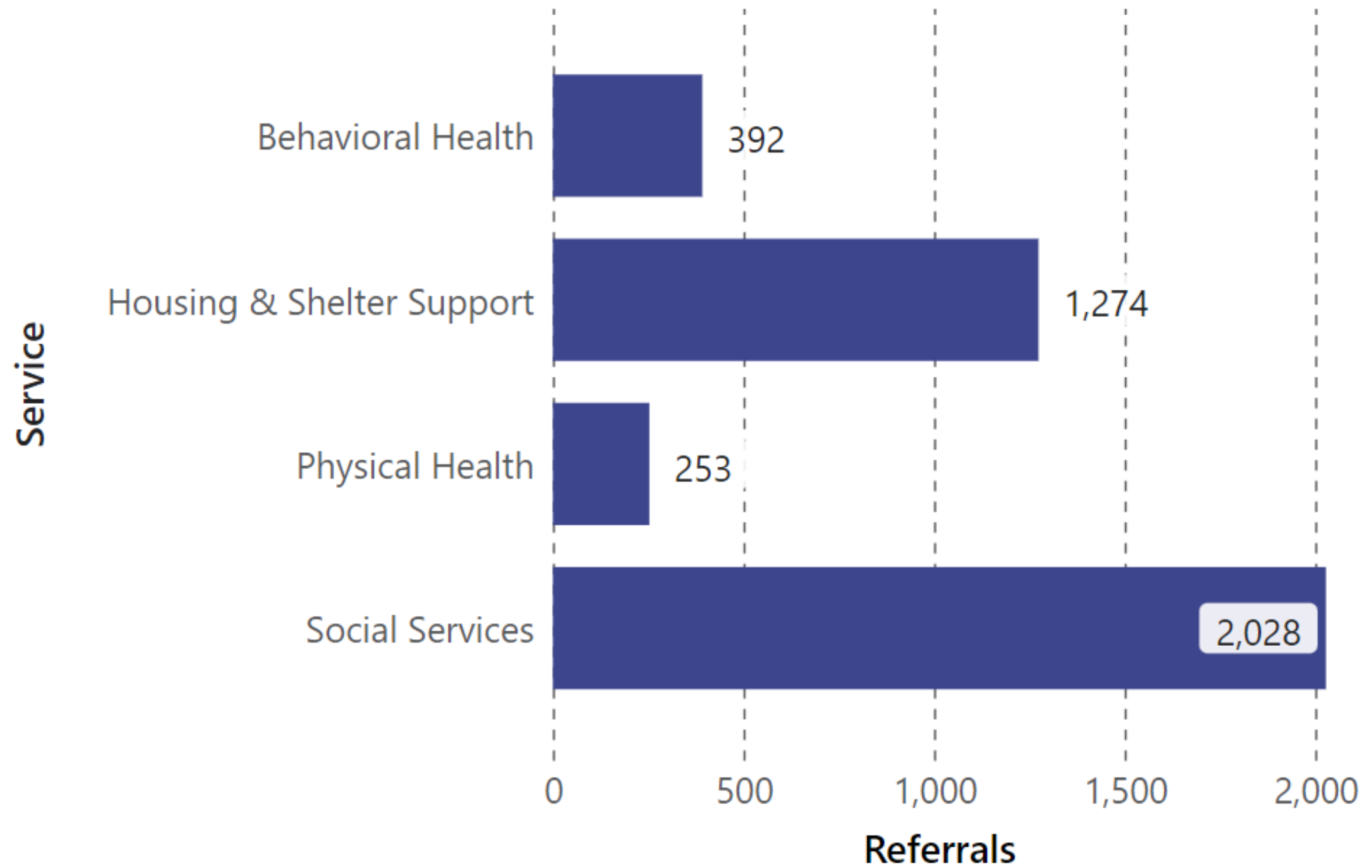
1/17/2022 - 6/12/2022

Cumulative loads of laundry provided

**1,776**

1/17/2022 - 6/12/2022

# Number of referrals made at the Tenderloin Center





# Example Dashboard II (outcomes)

Based on Tenderloin Center

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Part of Tenderloin Emergency Initiative data and reports

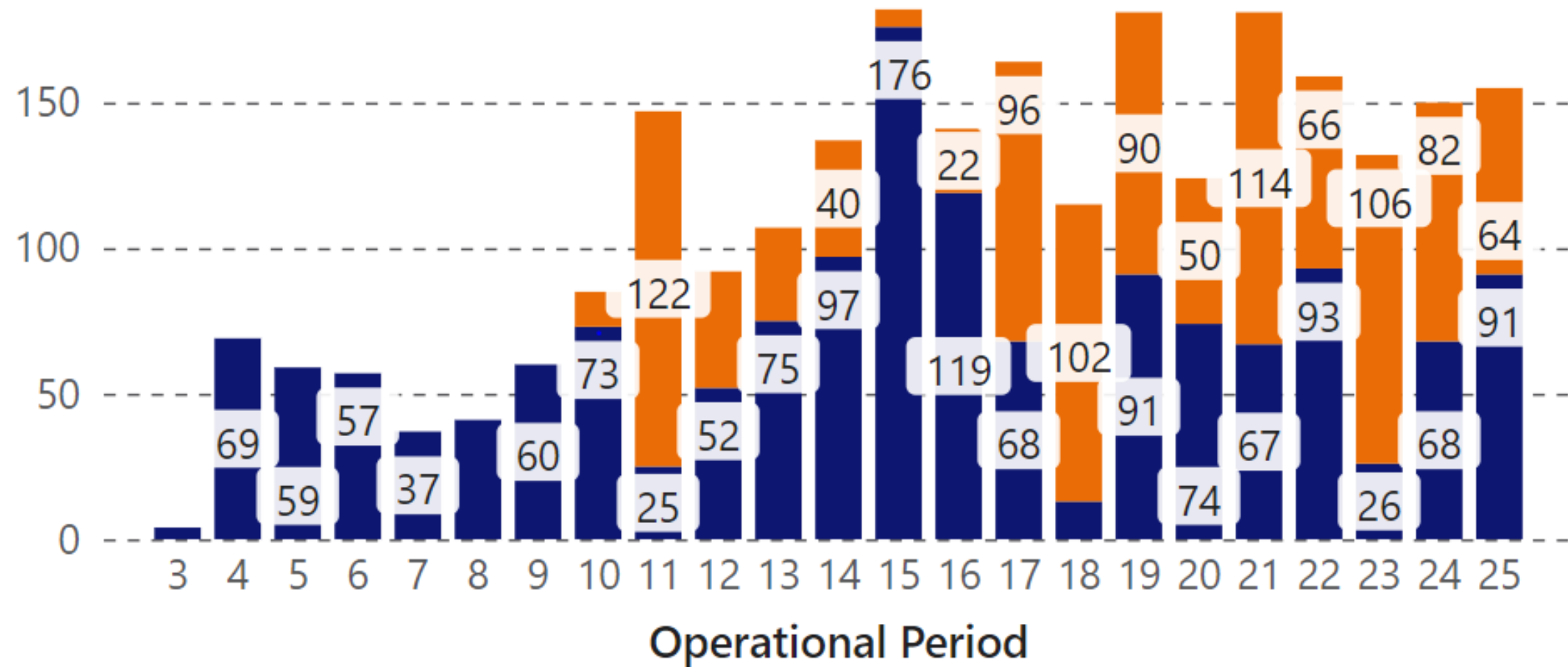
## Reducing fatal and non-fatal overdoses in the Tenderloin

Data trends about San Francisco's work to reduce overdoses in the Tenderloin



## Naloxone medicine distributed in the Tenderloin

● DPH Street Outreach ● Tenderloin Center



● Overdose deaths in Tenderloin ○ Overdose deaths citywide

### Accidental overdose deaths in Tenderloin



# MHSF Policy Considerations

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- Mapping of other programs, their success criteria, data on these programs, and assessment of gaps in the continuum of care
- Immediate, onsite access to case manager, housing, and prescriptions refills
- Explore alternative locations
- Pay parity between DPH and CBOs



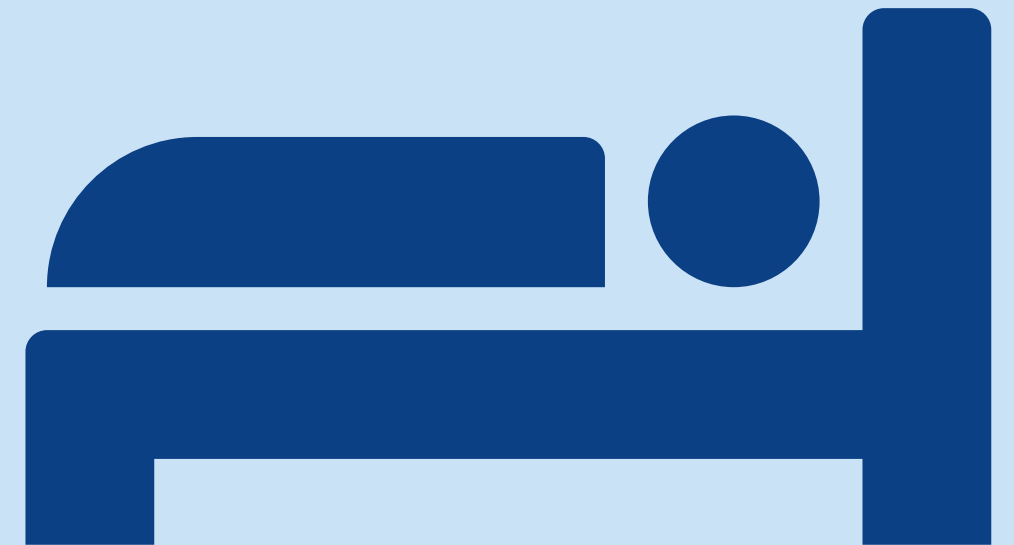
# Questions



# **Public Comment** for Discussion Item #5 Minna Project and SOMA Rise (Drug Sobering Center) Updates & Recommendation Review

## Steps:

- Call (415) 655-0001
- Enter access code 2483 910 2312
- 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 2483 910 2312
- Press `#` and then `#` again





# Anticipated IWG Meeting Topics 2022

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

**D=Design U=Update**

# Housekeeping

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- Next Meeting Date and Time
  - 4<sup>th</sup> Tuesday of the month 9:00AM-1:00PM
  - **July 26, 2022**
- This week, call for **volunteers** for July TAY recommendations Discussion Group
- 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
- MHSF IWG e-mail address for public input:  
[MentalHealthSFIWG@sfgov.org](mailto:MentalHealthSFIWG@sfgov.org)



**Adjourn**