

March 22, 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 and a blurred background of people. The text "Call to Order/Roll Call" is centered in white.

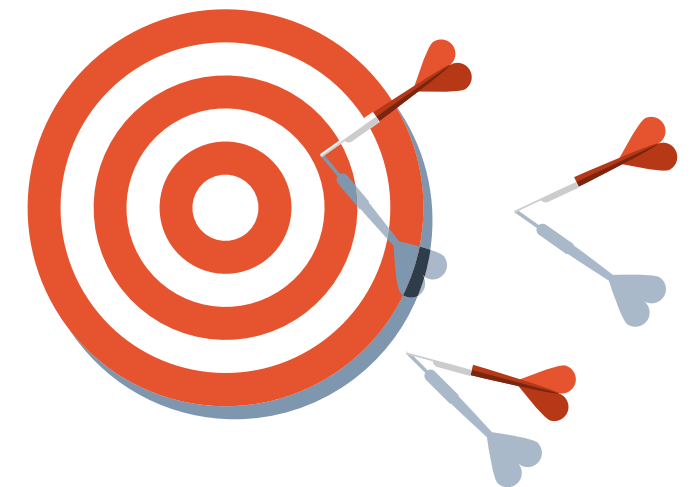
Call to Order/Roll Call

Meeting Goals

- Revisit and review our recommendation process
- Review and vote on Office of Coordinated Care recommendations
- Receive initial briefing for Transition Age Youth (TAY) Residential
- Update on Mental Health Service Center Controller's Office project

Reminder: in addition to the scheduled public comment sections, the public is invited to email comments, questions, or concerns here:

MentalHealthSFIWG@sfgov.org



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

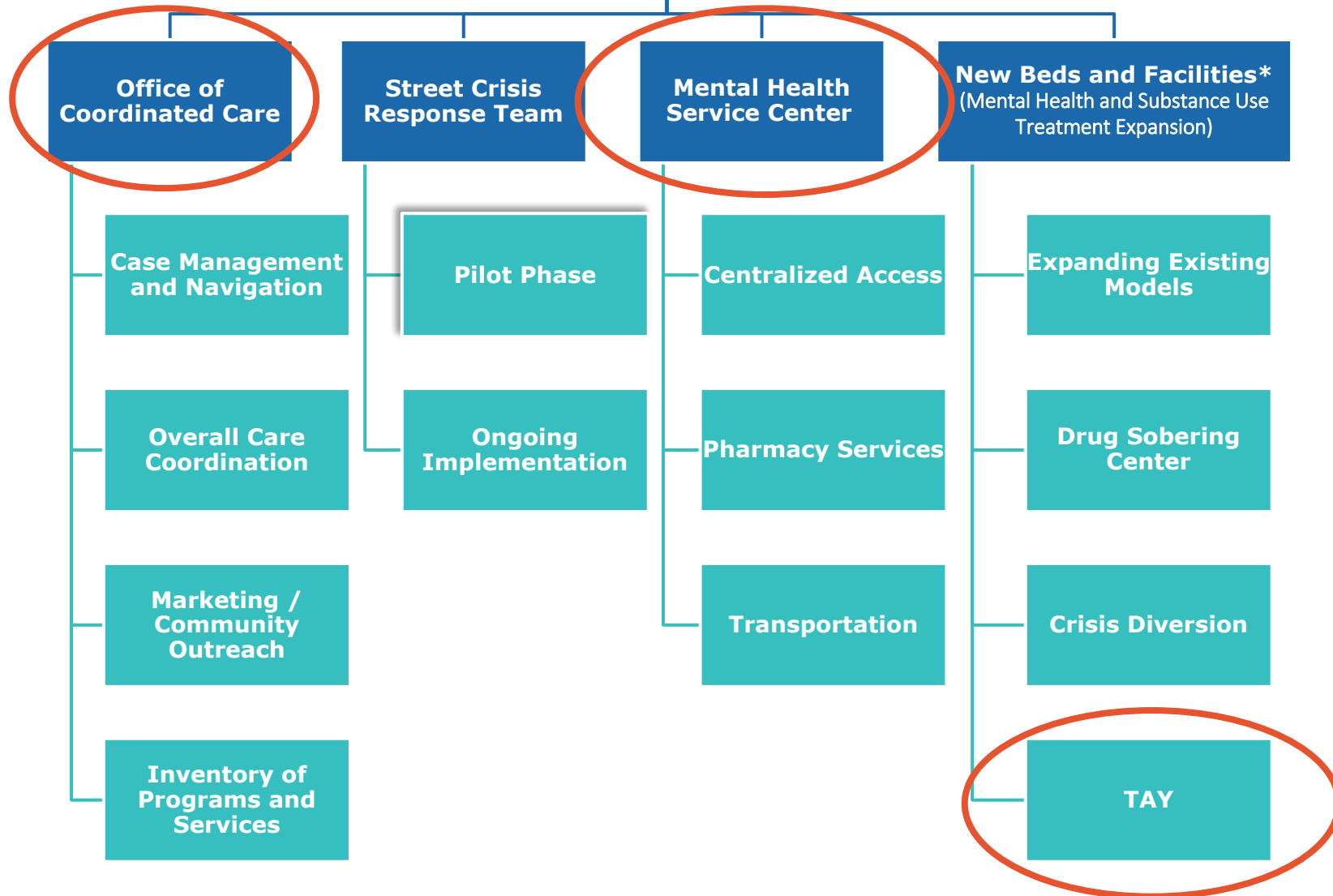


Reminder: Mental Health SF Domains

Mental Health SF Domains



Heather Weisbrod



Mike Wylie



Dan Kaplan



Jamila Wilson



Kali Cheung



Cassandra Enloe



Yoonjung Kim

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

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 2482 757 7984
- Press `#` and then `#` again



Vote on Discussion Item #1

Remote meeting “findings”

Decision Rule:

- Simply majority, by roll call



9:15 AM - 9:20 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/menthlth/Implementation.asp>



Public Comment for Discussion Item #2

Approve Meeting Minutes

Steps:

- Call (415) 655-0001
- Enter access code 2482 757 7984
- Press `#` and then `#` again



Vote on Discussion Item #2

Approve Meeting Minutes

Decision Rule:

- Simply majority, by roll call



9:30 AM - 10:00 AM

Discussion Item #3

MHSF Foundations: IWG Recommendations Process Review



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

How to get to recommendations

Four considerations:

- 1. Working with conflict of interest**
- 2. Iterative nature of recommendations**
- 3. Multiple modes of information gathering**
- 4. Robust IWG member participation and engagement**

Working with Conflict of Interest

Reminder of the Recommendation Roadmap



IWG receives background and discusses

IWG engages in white board session to source recommendation ideas*

Discussion Group crafts recommendations

IWG reviews Discussion Group's work*

Discussion Group refines recommendation wording

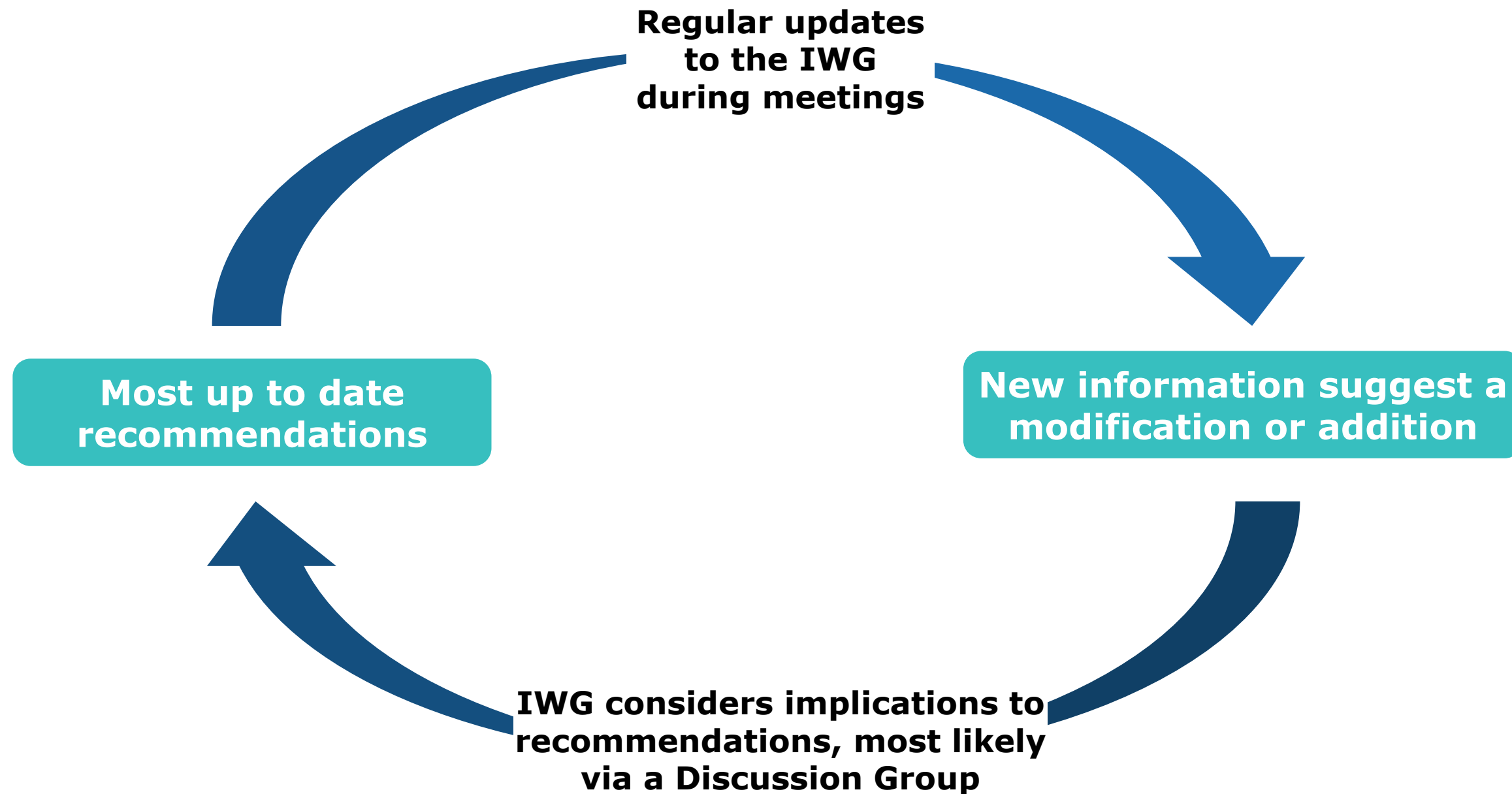
Review recommendations and vote*

Conflict of Interest key

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

* Occurs during monthly IWG public meetings

Iterative nature of recommendations



How to get to recommendations: Information

Ways in which IWG receives information

- DPH issue briefs
- DPH presentations and IWG discussion
- Discussions Groups
- IWG data requests
- Public comment
- Public emails- MentalHealthSFIWG@sfgov.org
- Community engagement

How to get to recommendations

Robust IWG member participation and engagement



Pause for Conversation

Seeding group feedback:

- Do these four observations resonate? Are there other factors that we should consider in getting to recommendations?
- Is there something more we as a planning team or an IWG as a whole could do to support the recommendation process?

Public Comment for Discussion Item #3

MHSF Foundations: IWG Recommendation Process Review

Steps:

- Call (415) 655-0001
- Enter access code 2482 757 7984
- Press `#` and then `#` again

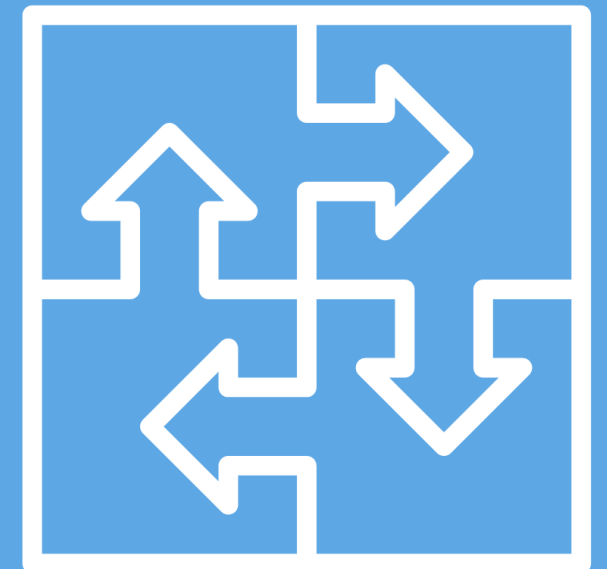


10:00 AM - 11:00AM

Discussion Item #4

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>

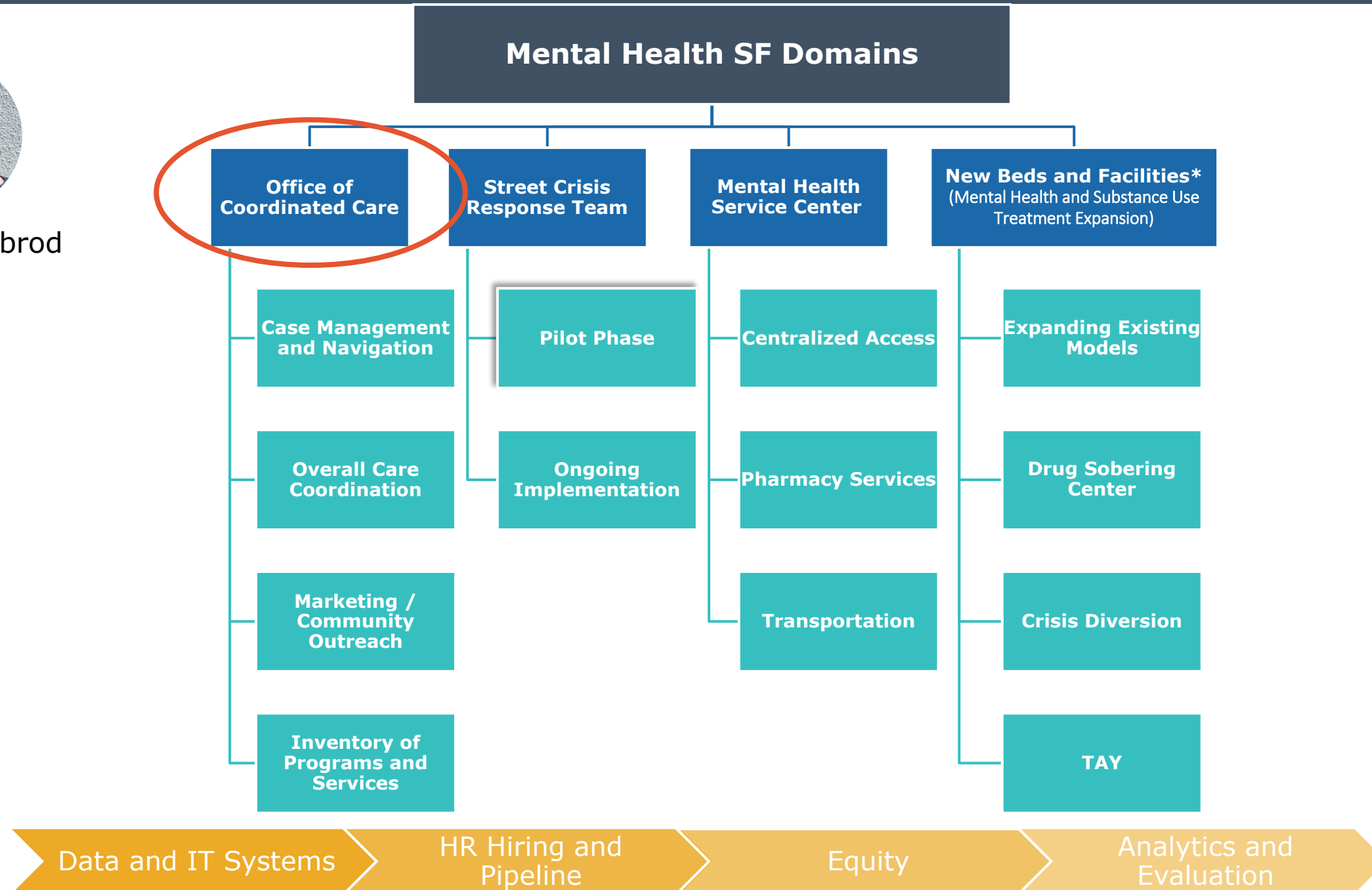




Reminder: Mental Health SF Domains



Heather Weisbrod



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 - Feb*
IWG reviews Discussion Group's work

Dec-Mar
Discussion Group refines recommendation wording

Mar 22*
Review recommendations and vote

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

* Occurred during monthly IWG public meetings

Anticipated OCC Discussion in 2022 IWG Meetings

Topic Area	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
IWG Domains												
Street Crisis Response Team					U				U			
New Beds & Facilities (NB&F): Drug Sobering Center				U	U					U		
NB&F: Crisis Diversion Unit (CDU)	D	D		D	D				U	U		
NB&F: Transitional Aged Youth (TAY)			D	D	D	D					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	D			
Analytics & Evaluation	U					U					U	
<i>Deliverable:</i> IWG Annual Progress Report										★		
<i>Deliverable:</i> IWG Implementation Report												★

D=Design U=Update

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

Share screen
of recommendations



OCC Initial Recommendations

What is your level of agreement with the current, initial 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!

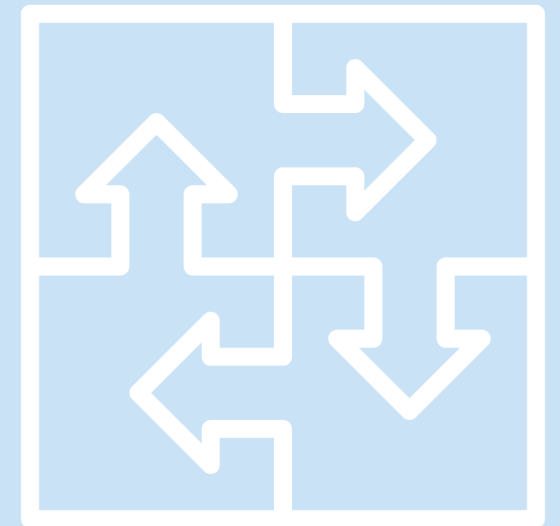
Public Comment for Discussion Item #4

Office of Coordinated Care

Recommendations

Steps:

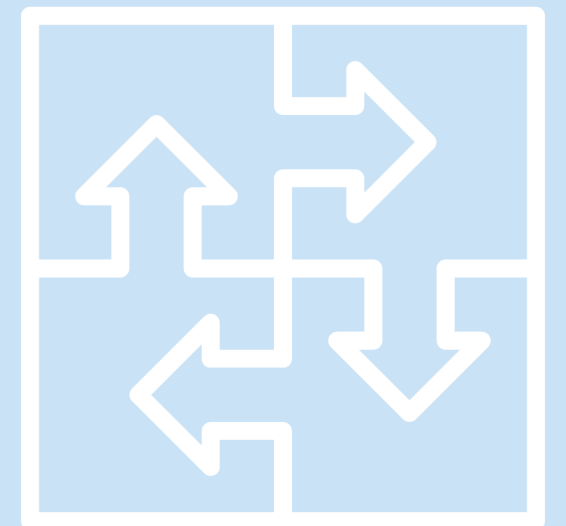
- Call (415) 655-0001
- Enter access code 2482 757 7984
- Press `#` and then `#` again



Vote on Discussion Item #4 Office of Coordinated Care Recommendations

Decision Rule:

- Simply majority, by roll call



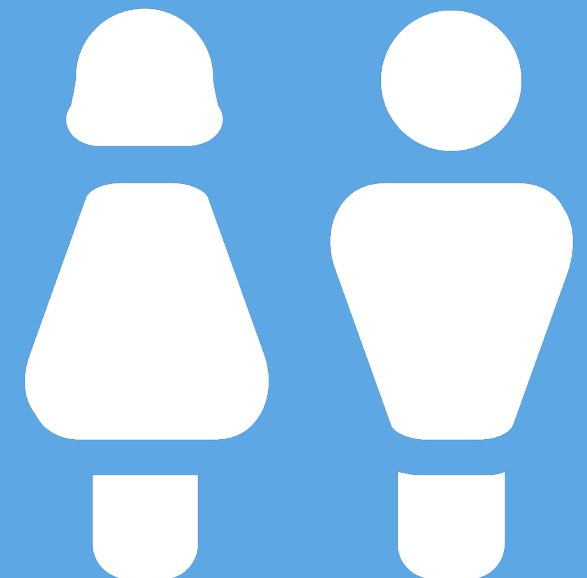
A blue-tinted photograph of a desk setup. In the foreground, a white ceramic mug is on the left. To its right, a laptop is open, and a smartphone lies flat on the desk surface. The background is blurred, showing what appears to be a window with blinds. The text "5 Minute Break" is overlaid in the center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

5 Minute Break

11:05 AM - 12:10 PM

Discussion Item #5

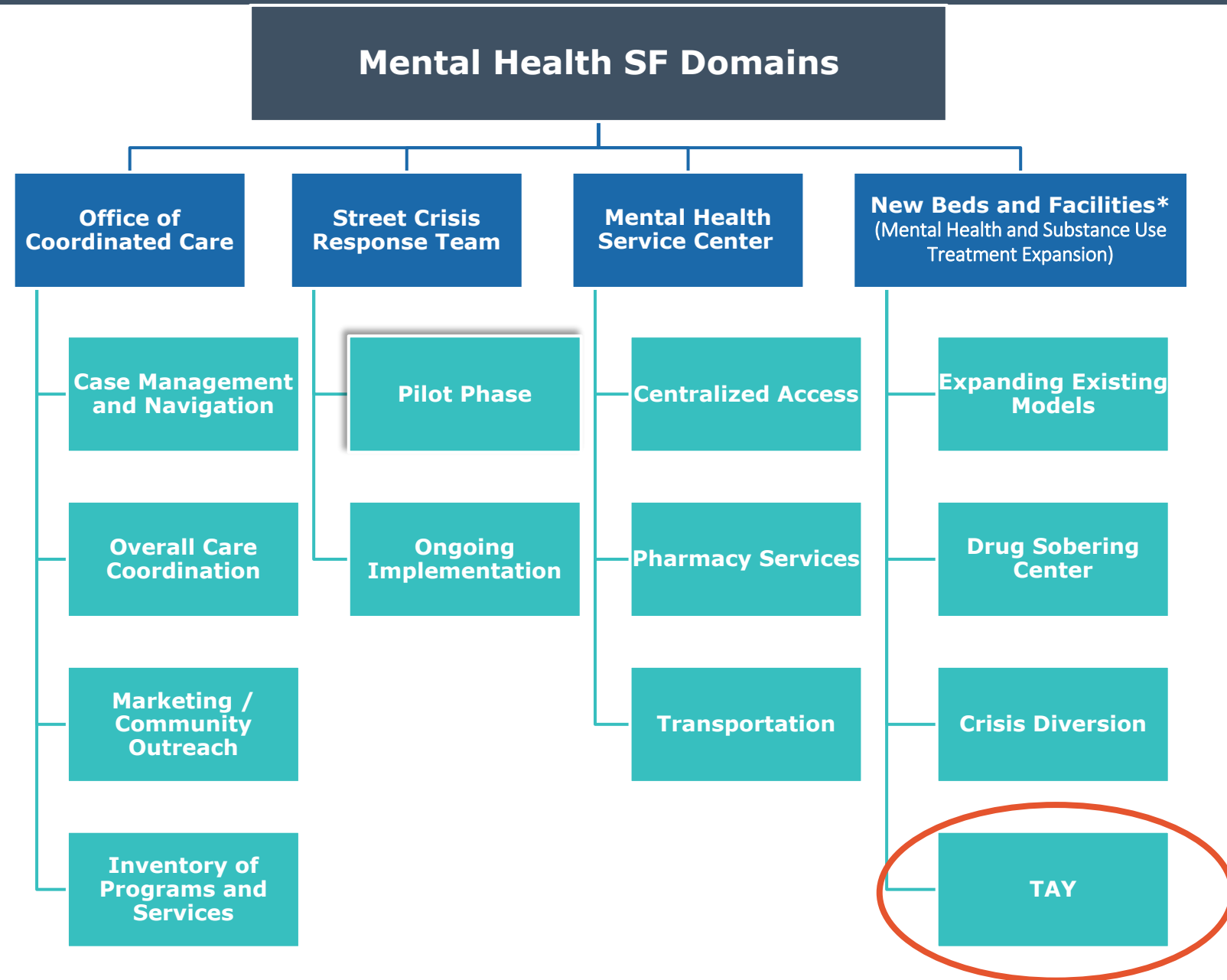
Transitional Age Youth (TAY) Residential Initial Briefing



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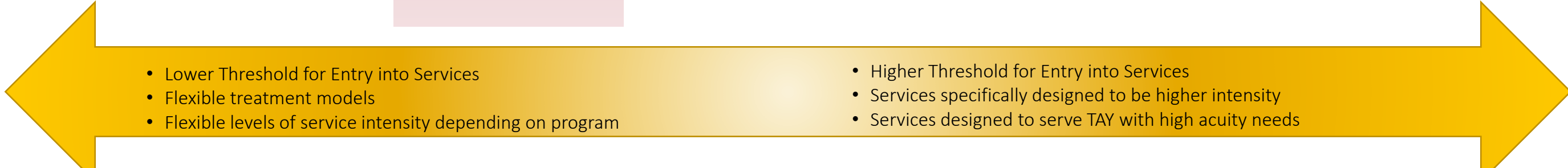
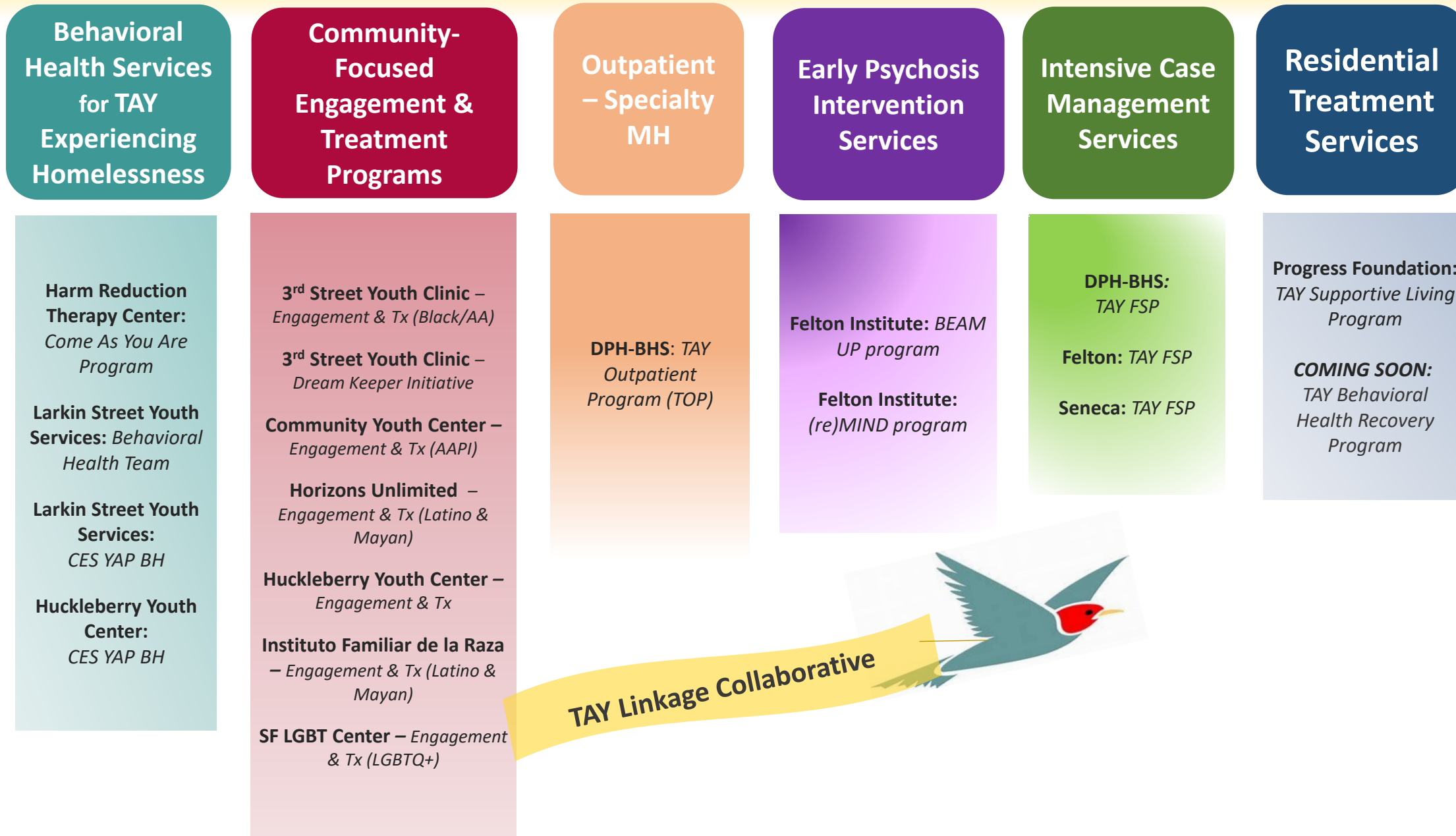
Conflict of Interest key

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Background

Behavioral Health TAY System of Care **Treatment Service Continuum**



Current Residential Treatment Landscape for TAY

- TAY 18+ can access the adult substance use and mental health residential treatment continuum
- Progress Foundation's TAY Supportive Living Program (supported cooperative apartments) opened in 2018 as step-down from residential treatment, representing a major step in the behavioral health continuum for TAY

TAY Residential Treatment Advocacy

- Years of advocacy by community advocates and providers in the TAY homeless response system calls for a program to address the residential treatment needs of TAY experiencing homelessness.
- Recent timeline...
 - 2018 – TAY Supportive Living Program piloted as a result of community advocacy
 - 2019 – Community advocacy continues for TAY Residential Treatment program
 - 2020 – Stakeholder engagement, initial program recommendations created by TAY Residential Treatment Workgroup
 - 2021-22 – Prop C funding secured, project implementation included in MHSF new beds & facilities expansion

Analysis, Needs Assessment, & Workgroup (2020)

- Literature and Data Review
- Stakeholder Feedback
 - TAY
 - CBOs
 - DPH
 - City Partners
- Convened Workgroup
 - 3rd Street Youth Center & Clinic
 - Baker Places
 - BHS TAY FSP & Linkage Programs
 - Harm Reduction Therapy Center
 - Larkin Street Youth Services
 - Progress Foundation
 - LYRIC

Needs
Assessment
Findings:

*What Did We
Learn?*

- TAY have had negative experiences of racism, homophobia and transphobia in treatment
- There are racial disparities in who participates in residential treatment
- Providers experienced barriers in helping TAY access residential treatment
- There is widespread support for TAY/young adult-only residential treatment, with a range in age from 18-30
- TAY have unique developmental needs in treatment

What Did We Hear?

I want a program where people are around my age. Being 22 and everyone around is 45, 50, 60... it just felt like I was the only one

-TAY Focus Group Participant

That magic 25th birthday seems like a long way away, until it isn't.

-Interview with TAY

Treatments sometimes don't match with different individuals. You can't just apply one treatment that works with one person to everyone else if they have different symptoms or substances that they use.

-TAY Focus Group Participant

I think everything needs to come down from what the client defines for themselves as what would be the best option, to manage use or stop using, and how that fits in with other aspect of their life.

-Service Provider

What Did We Hear?

The way that treatment models are set up are very adult...there's room for all of it but with the TAY population I think you have to back off of the rules and rigidity as far as programming goes

- Service Provider

Peer leadership is so important, and it needs to feel authentic and not authoritative.

-Interview with TAY

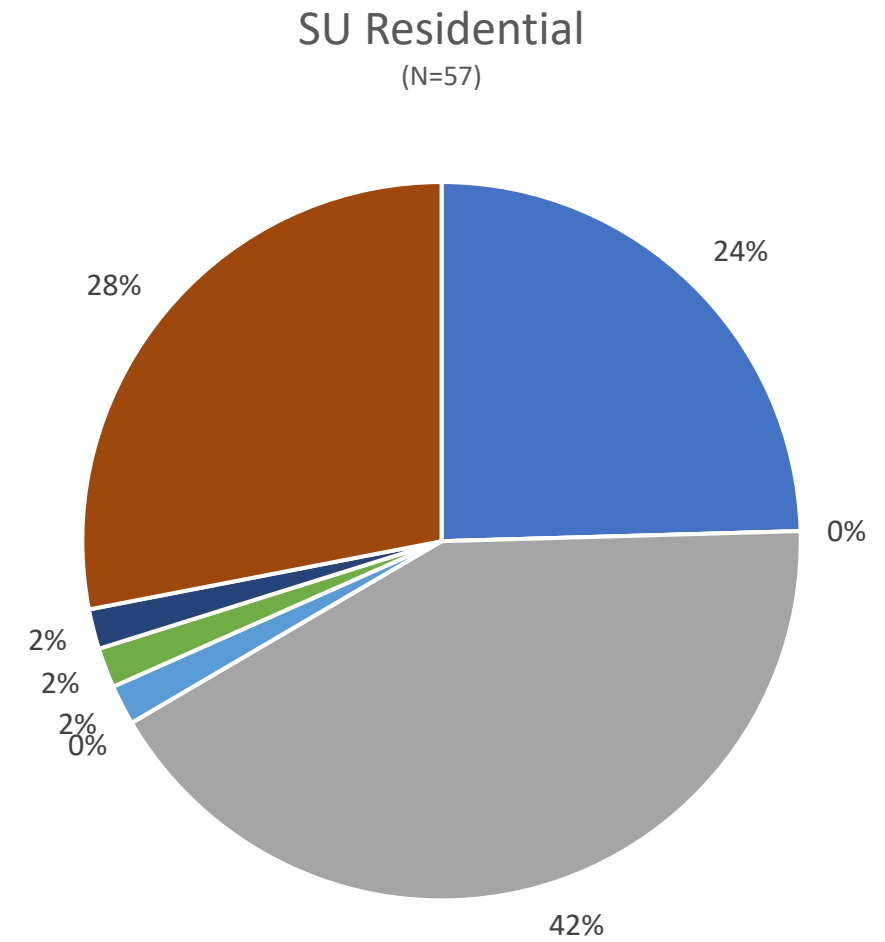
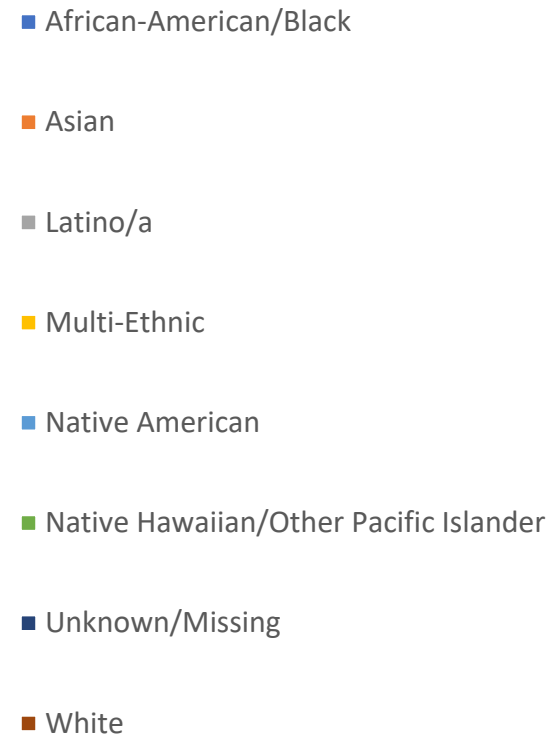
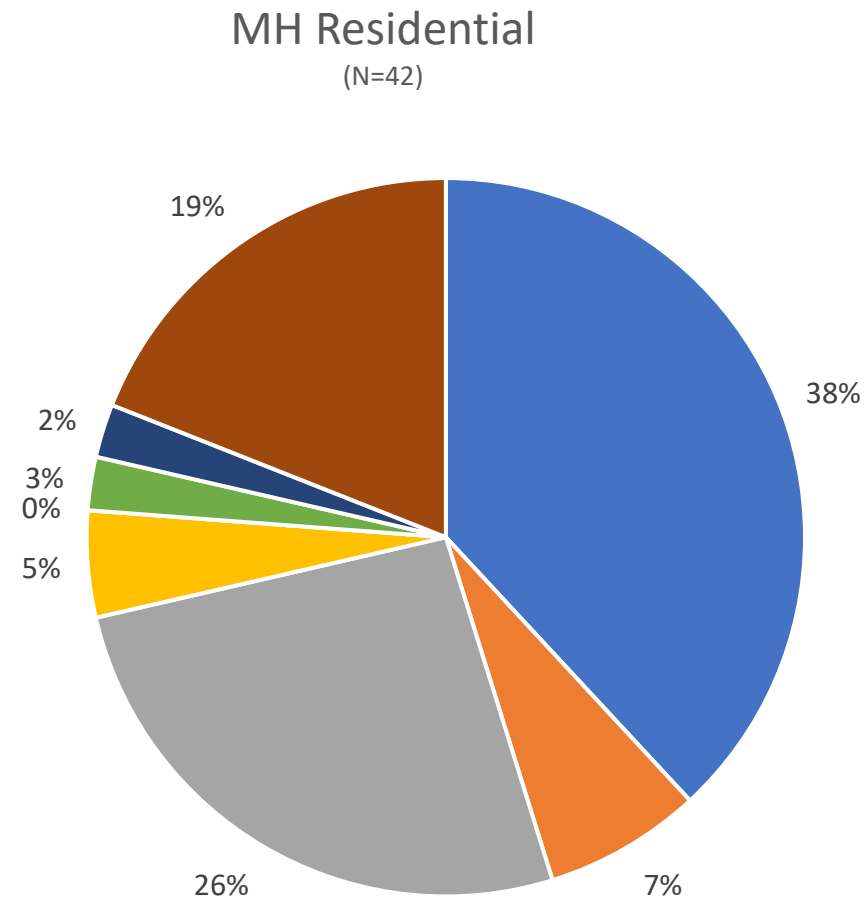
It's really important to have staff that reflect the participants, that they can really relate to.

- Service Provider

There is a tendency to forget what young people would be doing if they weren't struggling...which is pretty much a lot of figuring it out and a lot of exploring different interests

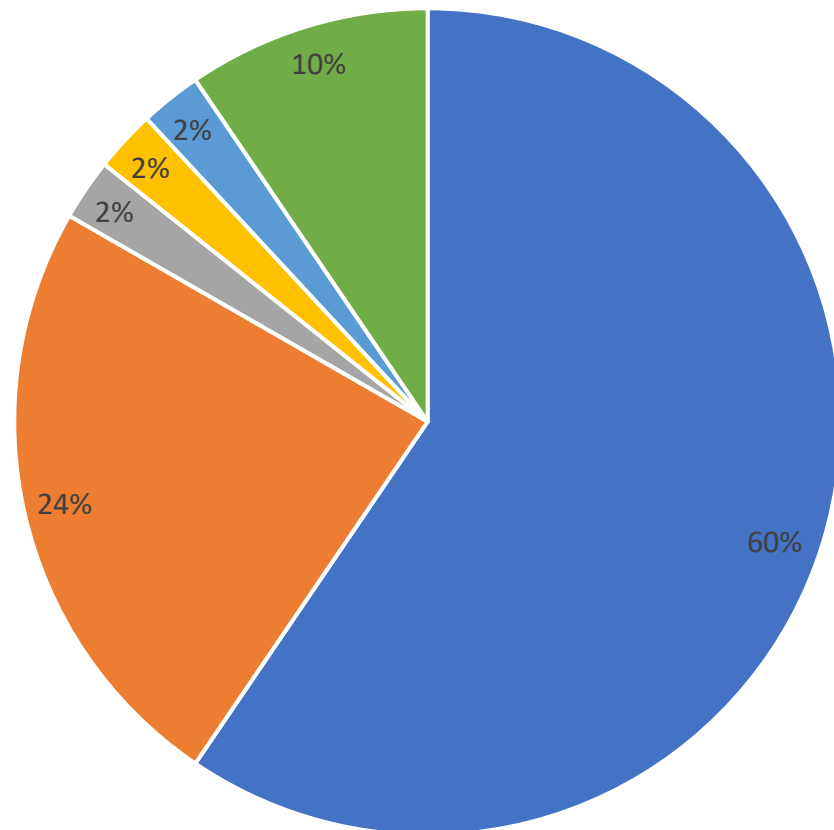
-Interview with TAY

Race/Ethnicity and Type of Residential Treatment

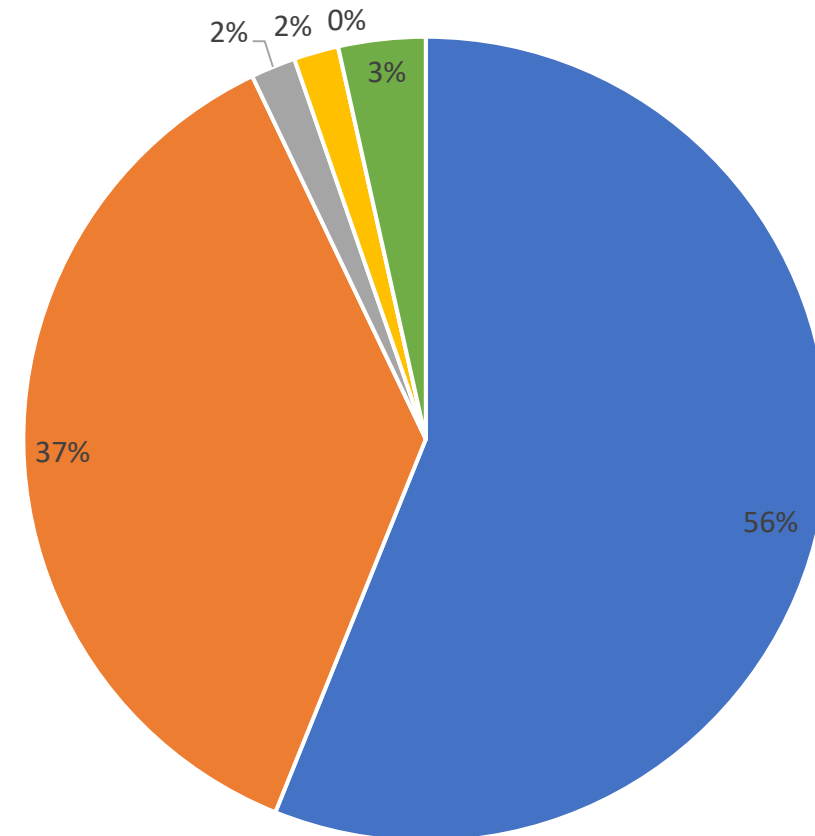


Gender of TAY with at Least One Episode of Residential Treatment in FY 18-19

MH Residential (N=42)



SU Residential (N=57)



- Male
- Female
- Genderqueer/Gender non-binary
- Trans Female
- Trans Male
- No Entry/Client Declined

Why do we need a TAY-Specific Residential Program?

There is a gap in our current TAY treatment continuum for a TAY-only program that also includes the following characteristics:

- Low barrier to access
- Flexible treatment model
- Designed to meet the needs of TAY experiencing homelessness
- TAY-driven treatment experience
- Culturally responsive
- Addresses co-occurring substance use and mental health



Proposed Service Model

Who Do We Need to Serve?

Carla:

- 19-year-old cisgender woman experiencing homelessness who has a history of commercial sexual exploitation as a minor and current substance use that she is wishing to reduce.
- She is engaged in case management support for youth who have been sexually exploited and has made 2 attempts at engaging in substance use treatment but leaves after 1-2 days due to not feeling safe around some of the older participants in the program.
- She has also felt that her goals for her own substance use don't align with those of other participants.

Who Do We Need to Serve?

Lara:

- 24-year-old who is trans-feminine, has been in San Francisco for 2 months, and is staying in a youth shelter.
- She has a diagnosis of bipolar disorder with previous treatment outside of SF, though reports negative experiences with providers due to transphobia
- Recently her symptoms have been becoming more acute, resulting in 2 visits to PES in the past 2 weeks
- The shelter is concerned about their ability to manage her needs due to worsening mental health symptoms.
- Lara is reluctant to engage in residential treatment because she has just started a class at City College and is worried she won't be able to continue it if she enters a program

Who Do We Need to Serve?

Jeremiah

- 23-year-old former foster youth who is unhoused, has bounced back and forth between shelter and streets for much of the past 2 years.
- Uses multiple substances and has had multiple ER visits and other crisis contacts, including contact with SCRT
- Has been able to establish trust with a low threshold, harm-reduction focused therapist from a mobile treatment team and has expressed some occasional openness to residential treatment though is worried it will be too rigid for him and about being around people who won't understand him or who he won't relate to



Proposed Service Model

Transitional Age Youth Behavioral Health Recovery Program

- TAY/Young Adult-Only (ages 18-28)
- 24/7 residential program
- Behavioral health treatment services, peer support, groups provided on-site
- Respite-based model

Guiding Principles – TAY Behavioral Health Recovery Program

- Designed for TAY with co-occurring MH/SU needs
- Delivers racially and culturally responsive and congruent services
- Trauma informed and responsive
- Incorporates a harm reduction framework and flexible approach to accommodate and support TAY at different stages of change
- Low barrier to entry
- Staff reflective of communities being served
- Balance of flexibility and structure

Program Goals

Improve quality of life for TAY individuals with mental health and/or substance abuse issues by:

- Supporting individual TAY treatment and recovery goals
- Engaging TAY at different stages of change into available support systems
- Supporting post-crisis stabilization
- Supporting developmental tasks of transition from youth to adulthood
- Supporting transition from youth systems to adult systems
- Supporting linkage to housing services
- Supporting linkage to ongoing behavioral and physical health care
- Reducing utilization of crisis and acute services (PES, Inpatient, Dore Urgent Care Clinic)

Equity Plan

- Collaborate with community partners, consumers and BHS Office of Equity on program design and culturally, linguistically, and developmentally responsive outreach and marketing materials
- Require programs to implement culturally relevant trainings, including around health equity, systemic racism and trauma informed care
- Use Office of Health equity hiring guidelines to hire staff reflective of communities being served and who expand threshold and non-threshold language capacity
- Ensure procurement process is diverse, equitable and inclusive of all potential community partners
- Ensure new program contracts adopt cultural and linguistic services (CLAS) competency standards
- Use data stratified by gender, age, ethnicity, and preferred language to monitor and track for equitable outcomes and service utilization

TAY Behavioral Health Recovery Program Summary

Parameter	Definition
Clientele	TAY, ages 18-28 (upper age limit will be monitored and adjusted as needed), experiencing homelessness, with co-occurring MH and substance use issues, at various stages of change
Length of Stay	Up to 10 months
Hours of operation	24 x 7 x 365
Number of clients	10
Type of program	Respite-based program with behavioral health treatment services on site offering support for both mental health and substance use
Referrals and/or authorization	Referral is necessary, though anyone should be able to refer. Need to balance authorization with low barrier access.
Licensing	Not state licensed as residential treatment program
Documentation & IT needs	EHR
Staffing	CBO Contract
Facility acquisition	CBO Purchase
Funding Source	Prop C, Prop A, MediCal

Out of Program Scope

- Services are **not** for:
 - People under 18 or over defined cut-off age
 - People without mental health or substance use issues that the program can help address
 - People who are permanently residing out of county
 - People who only need shelter or housing
- **Not** for Drop-in or outpatient-only services



Questions?

Reminder of the Recommendation Roadmap

You are here!



IWG receives background and discusses

IWG engages in white board session to source recommendation ideas*

Discussion Group crafts recommendations

IWG reviews Discussion Group's work*

Discussion Group refines recommendation wording

Review recommendations and vote*

Conflict of Interest key

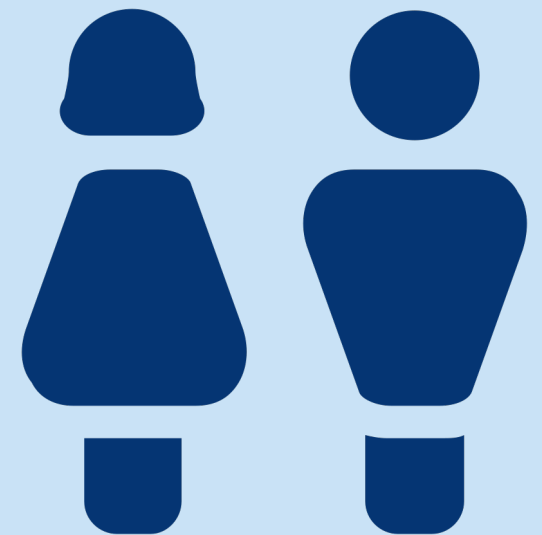
- = step out
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* Occurs during monthly IWG public meetings

Public Comment for Discussion Item #5 Transitional Age Youth (TAY) Residential Initial Briefing

Steps:

- Call (415) 655-0001
- Enter access code 2482 757 7984
- Press `#` and then `#` again



12:10 PM – 12:40 PM

Discussion Item #6

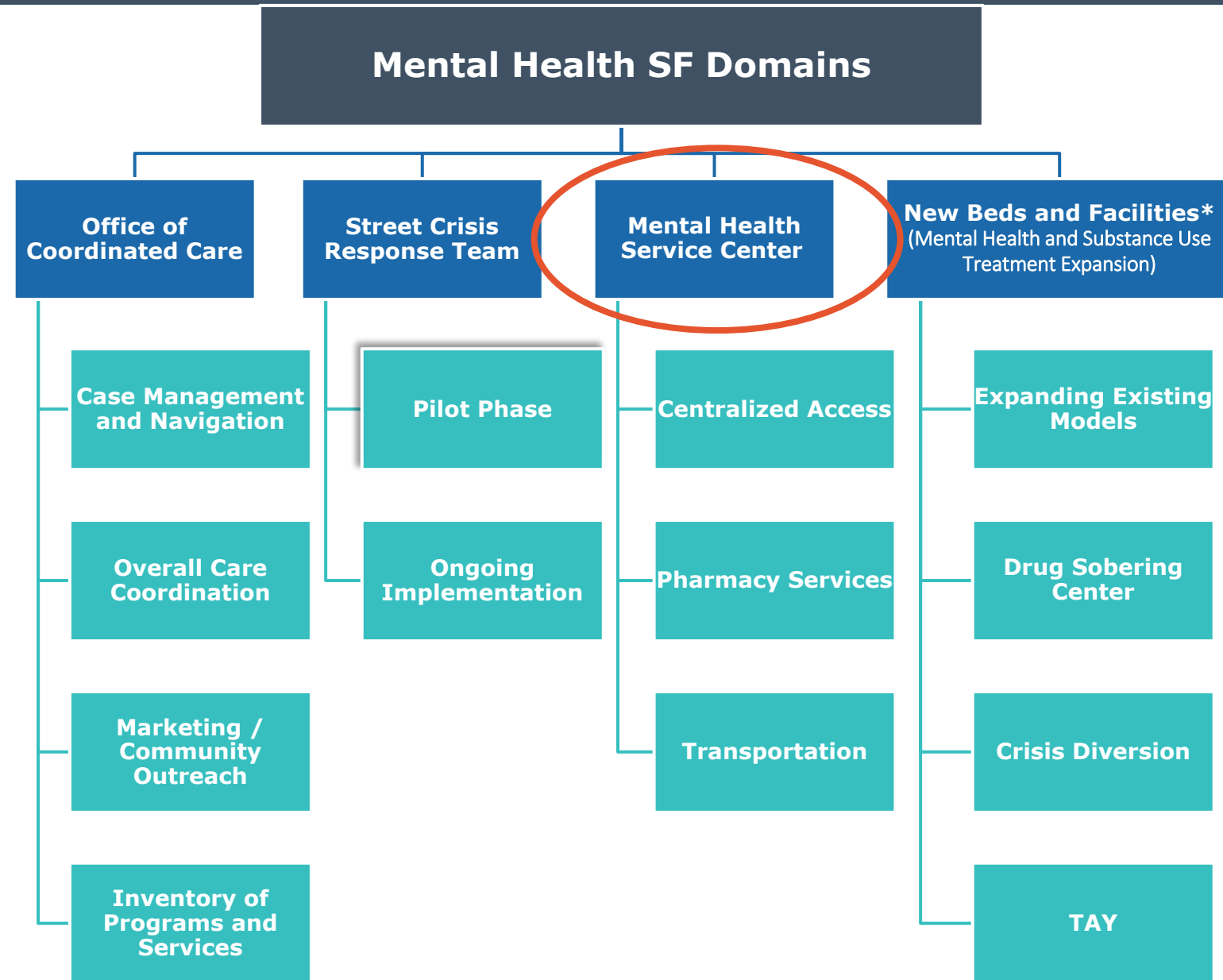
Mental Health Service Center: Controller's Office Project Update



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Reminder: Mental Health SF Domains



Mike Wylie



Dan Kaplan



Jamila Wilson



Introduction

Mental Health Service Center



AGENDA

2. Background on MHSC Legislation
3. Current Implementation of MHSC Legislative Components
4. CON Engagement
5. Key Deliverables & Timeline
6. IWG Engagement
7. Questions

Background

Why now? How did we get here?

Background on MHSC Legislation

- **The need:** 24/7 drop-in access to services at a centralized location for clients seeking treatment, services, and medications
 - **Intended clients:** Persons enrolled in Medi-Cal with mental illness, people experiencing homelessness, uninsured persons, persons enrolled in Healthy San Francisco, individuals upon release from jail
 - **Legislative requirements:**
 - At least one physical building open for 24/7 care
 - The capacity to provide needs assessments and psychiatric assessments, case management, diagnosis, and treatment
 - The maintenance of a pharmacy, mental health urgent care unit, drug sobering services, and transportation
 - Adequately staffed by civil service employees
-



Current State of MHSC Implementation

	BHAC Expansion	Pharmacy Expansion	Tenderloin Linkage Center	Crisis Diversion Unit	Drug Sobering Center
Status	Open	Open (Partial)	Open	In progress	Opening date pending (Spring 2022)
Services Provided	Needs assessment and placement into care (to residential treatment services, outpatient services).	Typical pharmacy operations, located at the BHAC.	Low barrier space to address basic needs and be connected to desired services.	Mental health, substance use and physical care services for higher acuity patients.	Trauma informed sobering site with harm reduction services and open 24/7
Component of MHSC legislation being addressed	Physical building open with many levels of care. Extended hours as an interim to 24/7 services.	Extended hours pharmacy carrying medications used to treat mental health and substance use.	Centralized location offering linkage to additional mental health services. Low barrier, extended access.	Mental health urgent care service for people experiencing an acute crisis.	Called for explicitly in legislation. Drug Sobering Center is expected to coordinate services with the MHSC.
Hours	Open: M-F 9am-6:30pm, Weekends 9am-4pm	Open: M-F 9am-6:30pm, Weekends 9am-4pm	Open: Sun – Sat 8am- 8pm	Open date TBD.	Open date TBD. 24/7 upon opening

CON Engagement

Understanding the role of the
City Performance Team

- **Overview of the City Services Auditor, City Performance Group**

- Internal technical assistance and consulting group that provides analysis, problem-solving, and practical support to City departments.
- Budget for its services is included within DPH's annual work order/budget.
- Currently supporting other MHSF projects.

- **Project Initiation**

- DPH leadership requested support in Fall 2021.
 - CSA began performing background research in January 2022.
 - Project planning finalized March 2022.
 - Project team consists of a Project Manager and two Analysts.
-

- **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.
- *Engagement/Discussion Group 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.

- **Planned Delivery Date = June 15**

- **IWG Discussion Group (proposed)**

- Up to 6 members of IWG
- Meet 3 times.
- Share crosswalk, benchmarking, and MHSC options and cost analysis.
- Solicit feedback to inform the final summary of the options reviewed for MHSC.

- **Full IWG Session**

- Provide intermittent project updates.
 - Provide project summary deck, outlining the MHSC options and feedback received. Full IWG to discuss the feedback and findings to inform DPH leadership's planning / next steps on MHSC.
-



Questions and Comments?

Public Comment for Discussion Item #6 **Mental Health Service Center: Controller's Office Project Update**

Steps:

- Call (415) 655-0001
- Enter access code 2482 757 7984
- Press `#` and then `#` again

Can also write us at: MentalHealthSFIWG@sfgov.org



Public Comment for Any other matter within the jurisdiction of the Committee not on the agenda

Steps:

- Call (415) 655-0001
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- Press `#` and then `#` again



Anticipated IWG Meeting Topics 2022

Topic Area	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
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Street Crisis Response Team					U				U			
New Beds & Facilities (NB&F): Drug Sobering Center				U	U					U		
NB&F: Crisis Diversion Unit (CDU)	D	D		D	D				U			
NB&F: Transitional Aged Youth (TAY)			D	D	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	D	D	D	D			
Analytics & Evaluation	U					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							

Housekeeping

- Next Meeting Date and Time
 - 4th Tuesday of the month 9:00AM-1:00PM
 - **April 26, 2022**
- MH Service Center 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

Adjourn