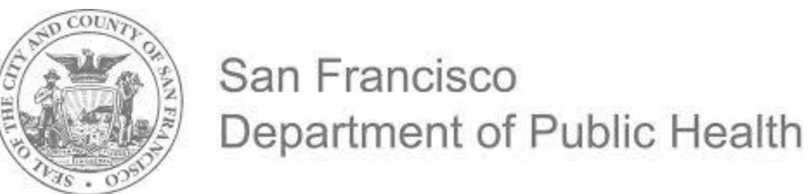
February 27, 2024

Mental Health San Francisco

Implementation Working Group



Land Acknowledgement

The San Francisco Department of Public Health staff acknowledges that we are on the unceded ancestral homeland of the Ramaytush (Rah-mytoosh) Ohlone (O-lon-ee) who are the original inhabitants of the San Francisco Peninsula. As the Indigenous stewards of this land, and in accordance with their traditions, the Ramaytush Ohlone have never ceded, lost, nor forgotten their responsibilities as the caretakers of this place, as well as for all peoples who reside in their traditional territory. As guests, we recognize that we benefit from living and working on their traditional homeland. We wish to pay our respects by acknowledging the Ancestors, Elders, and Relatives of the Ramaytush Ohlone community and by affirming their sovereign rights as First Peoples.

Roll Call

Meeting Goals

- **Receive an update about the IWG from Supervisor Ronen**

- **Receive an update from Dr. Kunins, the Director of Behavioral Health Services and Mental Health SF**, including a summary of the information presented at the residential beds hearing

- **Plan for upcoming IWG meetings**

All materials can be found on the MHSF IWG website at:
https://sf.gov/public-body/mental-health-san-francisco-implementation-working-group

9:00 AM

Discussion Item #1

Supervisor Update

Supervisor Hillary Ronen

All materials can be found on the MHSF IWG website at:
https://sf.gov/public-body/mental-health-san-francisco-implementation-working-group

Public Comment for Discussion Item #1

Supervisor Update

If in person:

- Line up to speak

If online:

- Raise your hand and the facilitator will unmute you

If by phone:

- Press ‘#’ and then ‘#’ again
- Press *3 to speak and wait for system to prompt that you have been unmuted

10:00 – 11:00 AM

Discussion Item #2

MHSF Director’s Update

Dr. Hillary Kunins

All materials can be found on the MHSF IWG website at:
https://sf.gov/public-body/mental-health-san-francisco-implementation-working-group

Behavioral Health Residential Care and Treatment

San Francisco Department of Public Health

February 27, 2024

Hillary Kunins, MD, MPH, MS
Director of Behavioral Health Services and Mental Health SF
San Francisco Department of Public Health

Agenda

- Behavioral health residential bed types and current inventory
- Growth, losses, and staffing capacity
- Estimated needs
- Challenges and strategies

Current Residential Inventory: Overview

As of FY23-24, SFDPH has an **estimated 2,551** residential beds.

- **This total is an estimate** because it includes as-needed beds that are not contracted at fixed numbers and change based on needs and availability.

Mental Health Residential programs (~ 1,861 beds as of FY 23-24):

- Include both as-needed services (~638 beds) and services with fixed bed counts (~1,223 beds)
- Include in- and out-of-county beds (most services are in county)
- Offer a range of treatment lengths and intensities and population specific (e.g. seniors, criminal-legal-impacted)

Substance Use Residential programs (~ 690 beds as of FY 23-24):

- Substance use residential is mostly provided in-county, through contracted providers.
- Programs vary by length and intensity and include population-specific services (e.g., criminal legal system-impacted).

Current Mental Health Residential Types and Capacity
(Total: ~1,861)

Category	Type	Number of Beds
Emergency and Acute Care	Psychiatric Emergency Services	19
	Acute Psychiatric Inpatient Services *(as needed)*	78*
	Psychiatric Urgent Care (Crisis Stabilization)	9
Locked Residential Treatment	Mental Health Rehabilitation Centers / Locked Subacute Treatment (MHRC / LSAT) *(fixed bed count)*	101
	Mental Health Rehabilitation Centers *(as needed)*	39*
	Psychiatric Skilled Nursing Facilities *(as needed)*	160*
	State Hospitals *(as needed)*	23*
Voluntary Residential Treatment	Acute Diversion Units	50
	30/60/90-Day Residential	80
	6- to 12-Month Residential	52

Category	Type	Number of Beds
Low-Threshold MH Care	Emergency Stabilization Units	52
Therapeutic Residences	Psychiatric Respite	57
	Medical Respite	75
	Dual Diagnosis Transitional Care (Justice-Involved)	75
Residential Care Facilities	Residential Care Facility (RCF) *(fixed bed count)*	142
	Residential Care Facility (RCF) *(as needed)*	166*
	Residential Care Facility for the Elderly (RCFE) *(fixed bed count)*	59
	Residential Care Facility for the Elderly (RCFE) *(as needed)*	273*
Mental Health Housing	Co-Ops, Transitional Housing	351

*Estimate, including as-needed beds

Category	Type	Number of Beds
SUD Residential Treatment	SUD Residential Treatment	177
	SUD Residential Treatment - Justice Involved	40
	SUD Residential Treatment - Perinatal	41
	SUD Residential Withdrawal Management	66
Low-Barrier SUD Residential	Alcohol Sobering Center	12
	Drug Sobering Center	20
	Shelter with Wraparound Services for Women	8
Therapeutic Residences	Residential Step-Down (Recovery Housing)	271
	Managed Alcohol Program	15
Co-Ops	Co-Ops	40

Current Substance Use Disorder (SUD) Residential Types and Capacity
(Total: ~690)

Behavioral Health Residential Growth

Since 2020, SFDPH has opened nearly 400 new residential behavioral health beds planned under Mental Health SF. Forty-four (44) beds remain to be opened.

- Represents a nearly 20% increase over baseline bed count of ~2,200 beds.

This residential expansion plan was shaped by:

- 2020 SFDPH Behavioral Health Bed Optimization Report
- Mental Health SF legislation
- Stakeholder input
- Ongoing data review

Emerging needs also led to opening of 36 beds beyond the expansion planned in 2020

- These include mental health transitional housing and residential withdrawal management.

Current inventory is estimated at ~2,551 beds.

- Includes estimated numbers of as-needed beds, which fluctuate based on needs and availability. Most as-needed beds are subject to competition with other counties.

Behavioral Health Residential Expansion Timeline

*Includes as-needed beds

Behavioral Health Residential Expansion In Progress

Additional bed expansion projects **in progress** include:

- Additional Enhanced Dual Diagnosis (18 beds)
- Transition-Age Youth Residential (10 beds)
- Crisis Diversion (16 beds)
- Dual Diagnosis Women's Therapeutic Residence for Justice-Involved Women (33 beds)
- SUD Stabilization (20 beds)
- Other projects pending approval of Behavioral Health Bridge Housing spending plan

Behavioral Health Residential Losses

- SFDPH contracts with Adult Residential Facilities (ARFs; aka RCFs) and Residential Care Facilities for the Elderly (RCFEs) that specialize in services able to meet the needs of behavioral health clients.
- Residential losses among SFDPH-contracted providers have primarily been among Residential Care/Residential Care for the Elderly Facilities (a.k.a. RCF/E or Board & Care)
- From FY 19-20 to present, 12 mental health RCF/Es contracted with SFDPH closed or ended their contract.
    - These included 11 in county
    - These represented ~ 60 beds
    - In most cases, SFDPH was able to successfully transfer clients to continue care. In some cases, the facility continued to operate after the end of a contract and the clients remained, with payment covered by SSI. In a small number of cases, clients transferred to another level of care, or decided to discontinue service.
- Losses among Board & Care providers not contracted with SFDPH are not reflected above.

Staffing Capacity

- Behavioral health workforce recruitment and retention are significant challenges.
- Vacancies reduce the effective behavioral health residential bed capacity when staffing ratios cannot be met.
  - For example, from July 1 - December 31, 2023, staffing shortages reduced mental health residential bed capacity by 15-20% among contracted programs.
- Providers work to maximize use of existing staffing to respond to needs.

Behavioral Health Residential Placement From Jail

- Jail discharge planning requires close collaboration with criminal justice and community partners including Sheriff, Probation, Pre-Trial Diversion, Public Defender, DA, Behavioral Health Services, and others.
- Time to placement in treatment depends upon many steps that must be executed by these stakeholders.
- Jail Health reports wait times have improved significantly over the past 18 months. Wait time from October 1 – December 31, 2023 was approximately 14 days, on average.

Estimating Current Behavioral Health Residential Needs

In 2023, DPH updated its 2020 behavioral health bed modeling to develop **preliminary recommendations** for the number of beds needed for 95% of clients to experience zero wait time.

- Project Goals:
  - Update 2020 analysis, using quantitative modeling, input from subject matter experts, and supplemental wait-time data and RAND analysis (2022)
  - Develop infrastructure to regularly track bed utilization and bed needs, optimize flow, and evaluate the impact of bed expansion investments on client wait times.

Residential Expansion: Preliminary Recommendations

Residential Type	Additional Beds Needed	Considerations
Mental Health Residential Treatment	~50	• Includes different lengths of stay • Includes need for clients with specific needs (e.g., both severe mental health and substance use diagnoses; seniors; and perinatal clients)
Mental Health Rehabilitation Centers (MHRC) / LSAT	Estimated 55-95	• Given current wait times • Potential for increase in demand under SB 43
Behaviorally Complex Therapeutic (Enhanced Residential Care / Residential Care for the Elderly	Estimated 20-40	• Highly specialized level of care for complex, high-need clients difficult to place in care.

Residential Expansion: Preliminary Recommendations

Residential Type	Additional Beds Needed	Considerations
SUD Residential Withdrawal Management	~8-10	• Includes high-complexity withdrawal management for people with both severe withdrawal medical needs and other health needs
SUD Residential Step-Down	~20-30	• The number of clients served in RSD has increased as SFDPH has added capacity.
State Hospital Beds	Admission data needed to make a recommendation.	• These beds are managed by the State. • 2022 RAND analysis showed that access to these beds significantly contributes to the supply other beds types

Challenges

- **Workforce recruitment and retention** limit full use of existing capacity.
- **Procurement:**
  - SFDPH is, in some cases, unable to obtain available beds because a provider did not participate in the RFP process (e.g., located outside of county, opened after RFP was awarded)
  - Current procurement processes contribute to delays in providing timely and comprehensive care to those in urgent need.
- Challenging **placement of high-acuity and high-needs clients.**
- **Data limitations**
- **Local control:**
  - Competition with other counties for out-of-county and as-needed bed resources.
  - State Hospital beds supply not under local control.
- **New policy** presents both challenges and opportunities.
  - SB43 is likely to increase residential needs for some clients.

Strategies

- **Workforce recruitment and retention:**
  - CODB increase added to behavioral health contracts to support retention
  - SFDPH is working with DHR and has benefitted from many citywide improvements to hiring.
  - Controller's behavioral health staffing and wage analysis forthcoming
- **Procurement:** SFDPH is seeking a Competitive Solicitation Waiver to allow SFDPH to adapt to evolving mental health needs and quickly secure needed treatment beds
  - Thank you for your unanimous support of this legislation as it moves through the legislative process.
  - Access to a diversity of providers may improve challenging client placement.
- **Data limitations:** DPH is working to address workflows, staffing, and data infrastructure to address data needs.
- **Local control:** Support is needed to develop regional and statewide strategies to address needs across counties.
- **New policy**: Mayor's Executive Order created San Francisco's SB43 Executive Steering Committee to guide implementation of SB43.

Thank you

Public Comment for Discussion Item #2

Director’s Update

If in person:

- Line up to speak

If online:

- Raise your hand and the facilitator will unmute you

If by phone:

- Press ‘#’ and then ‘#’ again
- Press *3 to speak and wait for system to prompt that you have been unmuted

5 Minute Break

Vote to
Excuse Absent Member(s)

Decision Rule:

- Simply majority, by roll call

11:15 – 11:20 AM

Discussion Item #3

Approve Meeting Minutes

All materials can be found on the MHSF IWG website at:
https://sf.gov/public-body/mental-health-san-francisco-implementation-working-group

Public Comment for Discussion Item #3

Approve Meeting Minutes

If in person:

- Line up to speak

If online:

- Raise your hand and the facilitator will unmute you

If by phone:

- Press '#' and then '#' again
- Press *3 to speak and wait for system to prompt that you have been unmuted

Vote on Discussion Item #3

Approve Meeting Minutes

Decision Rule:

- Simply majority, by roll call

11:20-11:30 AM

Discussion Item #4

IWG Meeting Planning

All materials can be found on the MHSF IWG website at
https://sf.gov/public-body/mental-health-san-francisco-implementation-working-group

Meeting Planning

March 26, 2024 from 9am - 1pm
1380 Howard Street, Room 515

Consideration for
March Meeting

- Staffing and Wages
- Office of Coordinated Care: SCRT follow-up

Consideration for
Future Meetings

- Behavioral Health Commission
- Homeless & Supportive Housing (HSH)
- Community engagement findings
- Analytics and Evaluation: ICM wait times data
- Opioid Settlement Funds & Overdose Prevention dashboard

Additions or questions about these topics?

Public Comment for Discussion Item #4

IWG Meeting Planning

If in person:
- Line up to speak

If online:
- Raise your hand and the facilitator will unmute you

If by phone:
- Press '#' and then '#' again
- Press *3 to speak and wait for system to prompt that you have been unmuted

Public Comment for

Any other matter within the jurisdiction of the Committee not on the agenda

If in person:

- Line up to speak

If online:

- Raise your hand and the facilitator will unmute you

If by phone:

- Press ‘#’ and then ‘#’ again
- Press *3 to speak and wait for system to prompt that you have been unmuted

Housekeeping

- **Requests from other City bodies/Groups**
  - None this period
- **Discussion groups**
  - *Potential:* Planning for Behavioral Health Commission and Homeless & Supportive Housing IWG presentations.
- **Meeting Minutes Procedures**
  - https://sf.gov/public-body/mental-health-san-francisco-implementation-working-group
  - Draft minutes in the next two weeks, approved meeting minutes will be posted
- **MHSF IWG e-mail address for public input**: MentalHealthSFIWG@sfgov.org

Other Associated Body Meeting Times

For matters connected to this committee, consider attending the following committees

- **Our City Our Home (OCOH) Oversight Committee**
  - Ensures the Our City, Our Home Funds are effectively and transparently used. Meets the 4th Thursday of every month from 9:30am-11:30am in City Hall, Room 416.

- **Behavioral Health Commission (BHC)**. Represents and ensures the inclusion of the diverse voices of consumers, family members, citizens and stakeholders in advising how mental health services are administered and provided.
  - BHC Committee: 3rd Wednesday at 6pm
  - BHC Site Visit Committee: 2nd Tuesday at 3pm
  - BHC Implementation Committee: 2nd Tuesday at 4pm
  - BHC Executive Committee: 2nd Tuesday at 5pm

- **Health Commission**
  - The governing and policy-making body of the Department of Public Health. Meets the 1st and 3rd Tuesdays of each month at 101 Grove Street, room 300, at 1pm.

Adjourn

Appendix B: 12-Month Attendance

Member	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
Amy Wong					n/a	n/a						
Jameel Patterson			E	A	n/a	n/a			E			E
open												
James McGuigan			E		n/a	n/a					E	E
open												
Steve Fields		E			n/a	n/a	E					
Andrea Salinas					n/a	n/a						
open												
open												
Dr. Ana Gonzalez					n/a	n/a						
Sara Shortt					n/a	n/a				E		
open												
Steve Lipton					n/a	n/a						

E = Excused A = Absent (unexcused)

Appendix C: IWG Membership

Two-year terms

Applications typically move forward as a group

Seat	Appointed By	Qualification /Representation	Name
Seat 1	Board	Health Care Worker	Amy Wong, AMFT
Seat 2	Mayor	Lived experience	Jameel Patterson
Seat 3	Board	Lived experience	*open*
Seat 4	Mayor	Peace Office, Emergency Medical Response, Firefighter	James McGuigan
Seat 5	Mayor	Treatment provider with mental health harm reduction experience	*open*
Seat 6	Board	Treatment provider with mental health harm reduction experience	Steve Fields, MPA
Seat 7	Board	Treatment Provider with criminal justice experience	Andrea Salinas, LMFT
Seat 8	Board	Behavioral Health licensed professional	*open*
Seat 9	Mayor	Residential Treatment Program Management and Operations	*open*
Seat 10	Mayor	DPH employee experience with dual diagnosis	Dr. Ana Gonzalez, DO
Seat 11	Board	Supportive housing provider	Sara Shortt, MSW
Seat 12	Mayor	DPH employee with health systems or hospital administration experience; SFDPH, Health Network, Ambulatory Care (also on MHSF Executive Team)	open
Seat 13	City Attorney	Health law expert appointed	Steve Lipton

Appendix D: MHSF IWG 2024 Goals & Definitions

The IWG will continue to advise on the design, implementation, and effectiveness of MHSF programs. Additionally, the IWG has identified areas of focus for their work in 2024:

Goal #1. Advise DPH on how to describe and articulate the continuum of care for both clients and providers.

How: This is inclusive of, but not limited to, the current mapping project, to develop a greater understanding of client flow after acute care, understand where individuals fall through the cracks, and highlight services or needs to prevent relapse.

Goal #2. Advise DPH on communicating where and what providers and services are currently in place for the MHSF population.

How: Consumers and providers of MHSF are the audiences. For consumers, explore how to more effectively communicate MHSF services and supports. For providers, communication of available services and supports to enhance referrals and linkages.

Goal #3. Request and review MHSF outcomes data.

How: More MHSF data is becoming available. The IWG intends to obtain and review more component and program data, especially outcomes measures (where available) to better assess the impact of these programs.

Goal #4. Explore the intersection between BHS and HSH.

How: Build greater insight into workflows to housing placement and clinical needs to support housing retention of MHSF priority population. Includes data sharing and understanding of SFDPH / HSH roles, programs, and processes in providing appropriate, supportive, and stable housing.

Goal #5. Increase engagement with the community.

How: Hear directly from consumers about gaps in services. Possibly existing client council, and community members (especially in priority communities) to hear their impressions of our interventions/initiatives, what they believe is working and what isn't.

Goal #6. Continue to work collaboratively with DPH on creating mutually beneficial meetings that propel the work forward.

How: Build upon progress to strengthen membership & align understanding of IWG's scope. Improve meeting productivity via data sharing to meet ordinance mandate of "Persons who are experiencing homelessness and who are diagnosed with a serious mental illness and/or substance use disorder shall have low-barrier, expedited access to treatment and prioritized access to all services provided by Mental Health SF." Includes integrating stories of success as opportunities to both celebrate and identify what programs are meeting MHSF objectives.