April 23, 2024

Mental Health San Francisco

Implementation Working Group

San Francisco
Department of Public Health

harder+co community research

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.

Meeting Goals

- Receive an update from Dr. Kunins, the Director of Behavioral Health Services and Mental Health San Francisco, on SB43 and CARE Court, with Dr. Angelica Almeida, Director of the Adult and Older Adult System of Care.

- Hear an update on the City's overdose prevention and response efforts from Population Behavioral Health Director Jeffrey Hom.

- 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

9:15 – 10 AM

Discussion Item #1

MHSF Director's Update

Dr. Hillary Kunins

Dr. Angelica Almeida

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

San Francisco Department of Public Health
Division of Behavioral Health Services

Mental Health SF Implementation Working Group: Director's Update

April 23, 2024

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

Angelica Almeida, Ph.D.
Director, Adult and Older Adult System of Care
San Francisco Department of Public Health

Agenda

- Updates
  - CARE Court
  - SB43

CARE Court

CARE Court Basics

- Created through legislation SB 1338.
- Allows for broad range of petitioners (family, providers, etc.) or referents (AOT, conservatorship, misdemeanor diversion).
- If deemed eligible and the person will not engage voluntarily, participant will receive a court-ordered CARE plan for up to 12 months, with the possibility to extend for an additional 12 months.
- Focuses on people with schizophrenia spectrum or other psychotic disorders who meet certain criteria.
- Intended to be a less restrictive alternative to state hospitalization or LPS conservatorship.

CARE Court Criteria

- 18 years or older.
- Experiencing severe mental illness and has a diagnosis in the schizophrenia spectrum and other psychotic disorder class.
- Not clinically stabilized in on-going voluntary treatment.
- Meets one of the following:
    - The person is unlikely to survive safely in the community without supervision and the person's condition is substantially deteriorating.
    - The person needs services and supports in order to prevent a relapse or deterioration that would be likely to result in grave disability or serious harm to the person or others, as defined in Section 5150.
- CARE would be the least restrictive alternative to ensure the person's recovery and stability.
- It is likely that the person will benefit from participation in CARE.

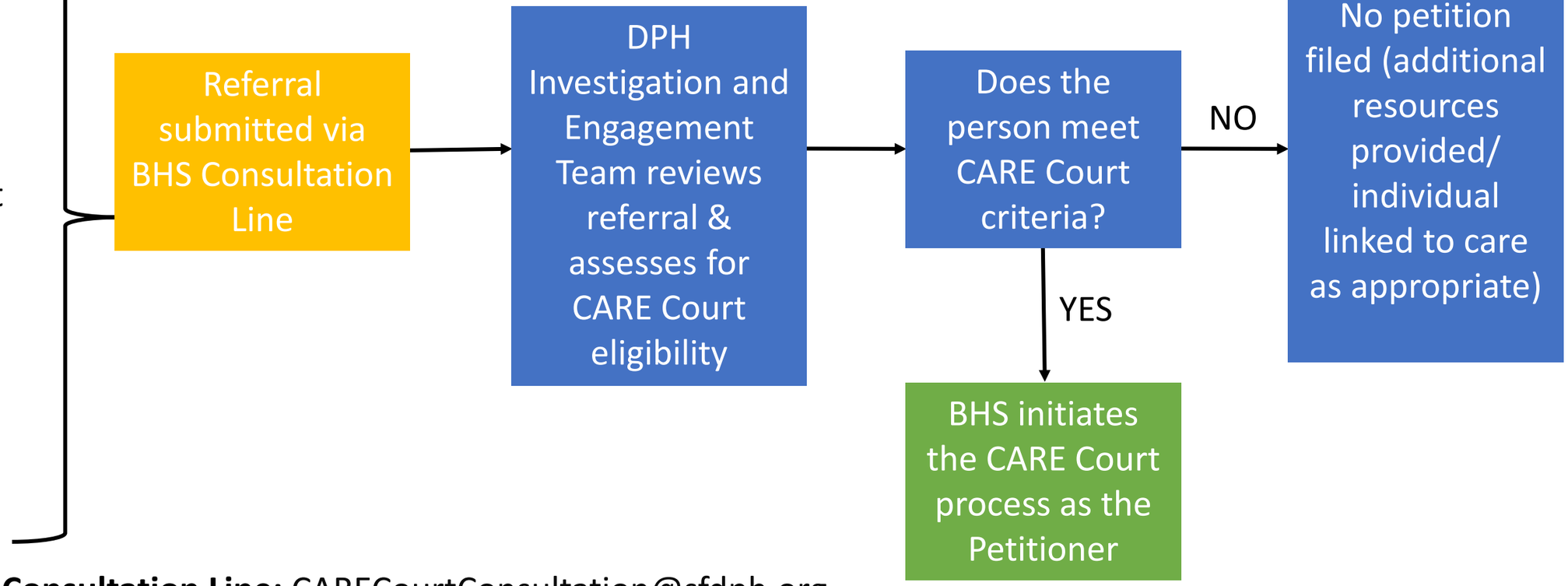
Who Can File a CARE Court Petition?

- Petitions can be filed by a county behavioral health petitioner; OR
- A non-county behavioral health petitioner, including: first responders, family members, public guardian or conservator, hospital director, behavioral health provider, person the individual lives with, respondent (self-referral), others.
- Petitions must be valid and should not be filed without merit or with the intention to harass or annoy.

DPH CARE Court Consultation Line Referral Workflow

<u>Potential Referents:</u>

- First Responder
- Multidisciplinary Teams
- A person who lives with the respondent
- Family Members
- Hospital Director
- Behavioral Health Provider
- Public Guardian/ Conservator
- Self-Referral



DPH CARE Court Consultation Line: CARECourtConsultation@sfdph.org
DPH CARE Court Consultation Telephone #: 628-217-5171

The CARE Court Consultation line is meant to serve as a resource for potential referents to mitigate the filing of unsuitable petitions and provide guidance around the CARE Court process. Be prepared to give DPH information detailing why and how the person is deteriorating (information about 5150's, hospital visits, emergency contacts, etc., particularly if they are outside of General Hospital). Please allow 48-72 hours for response.

CARE Court, AOT, & Conservatorship

	CARE Court	AOT	Conservatorship
Accepts referrals from hospital facilities, community, and jail	X	X	X (limited to psychologist and psychiatrist)
Accepts referrals from first responders	X		
Accepts referrals from family	X	X	
Accepts referrals from BH providers	X	X	
Involuntary treatment			X
Requires grave disability criteria			X
Involuntary medication			X
Court ordered treatment (does not indicate enforcement mechanisms)	X	X	X
Requires prior negative outcomes		X (≥ 2 inpatient psych hosp. or incarcerations w/MH treatment in last 36 months OR documented serious threats, attempts/acts of violence in last 48 months)	
Allows for Respondent-identified Supporter to assist in the process	X		
Serious Mental Illness	X (Schizophrenia Spectrum and Other Psychotic Disorder)	X	X
Severe Substance Use Disorder			X

SB43

Senate Bill 43 Background

SB 43 (Eggman) amended the Grave Disability definition, beginning January 1, 2024

- A condition in which a person, as a result of a mental health disorder, ***a severe substance use disorder,*** or a co-occurring mental health disorder and a substance use disorder, is unable to provide for their basic personal needs for food, clothing, shelter, ***personal safety,*** or ***necessary medical care.***

Definition applies to 5150, 5250, 5270 holds and LPS conservatorships*

- "Severe" substance use disorder is defined as: a presence of at least six symptoms, out of at least ten possible symptoms, pursuant to the DSM-5
- Personal safety is defined as: the ability of one to survive safely in the community without involuntary detention or treatment
- Necessary medical care is defined as: care needed to prevent serious deterioration of an existing physical medical condition, which if left untreated, is likely to result in serious bodily injury

*Subject to court approval at every stage of the proceedings

Grave Disability – Pre and Post SB 43

Elements of Grave Disability Definition	Old Definition	New Definition
Mental Disorder diagnosis is a basis for Grave Disability (“GD”)	X	X
Stand-alone Substance Use Disorder (“SUD”) is a basis for GD		X
Co-occurring Mental Disorder and SUD is a basis for GD	X	X
Inability to provide for food, clothing, shelter is a basis for GD	X	X
Inability to provide for personal safety is a basis for GD		X
Inability to provide for medical care is a basis for GD		X
Causation required between Mental Disorder/SUD and inability to provide for basic needs	X	X
Referral from psychiatrist/psychologist required for conservatorship petition	X	X
Constitutional rights/protections for patients subject to involuntary holds and conservatorships	X	X

Determining Grave Disability –
With the Addition of “Severe Substance Use Disorder”

Severe Substance Use Disorder:

- A presence of at least six symptoms, out of at least eleven possible symptoms, pursuant to the DSM-5.

Implications:

- Previously, Grave Disability was defined as a condition resulting from a mental health disorder or a co-occurring mental health disorder and a substance use disorder; or "alcoholism." Now, Grave Disability can also result from severe substance use disorder alone.

Hypotheticals

Personal Safety

- Running in and out of traffic
- Being assaulted, abused, exploited, or victim of crime
- Unhygienic/uninhabitable conditions at home or other home safety issues such as arson
- Inability to care for hygiene, cleanliness, needles, which leads to illness (especially if doesn't rise to level of serious bodily injury)
- Failure to thrive (may be a crossover with medical care)
- Multiple near-fatal overdoses

Necessary Medical Care

- Wound care and infection issues that is likely to lead to loss of limb or life if not treated
- Untreated comorbidities such as HIV, Diabetes, Cancer, liver/kidney disease that is life-threatening
- Extreme physical pain

Department of Public Health Support

- Co-lead the SB43 Executive Steering Committee, with DAS
- Clinician training: Accessed >1000 times as of March 1st
- Educational materials
- Consultation
- Transitional support, including care coordination, short term linkage support, and care management, for those leaving hospitals through Office of Coordinated Care
- Consideration for expansion of short- and long-term beds

Public Comment for Discussion Item #1

Director’s Update

If in person:
- Line up to speak

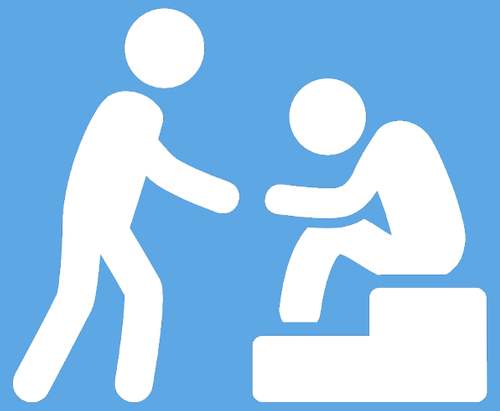
If online:
- Raise your hand and the facilitator will unmute you

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

10:00 – 11:00 AM

Discussion Item #2

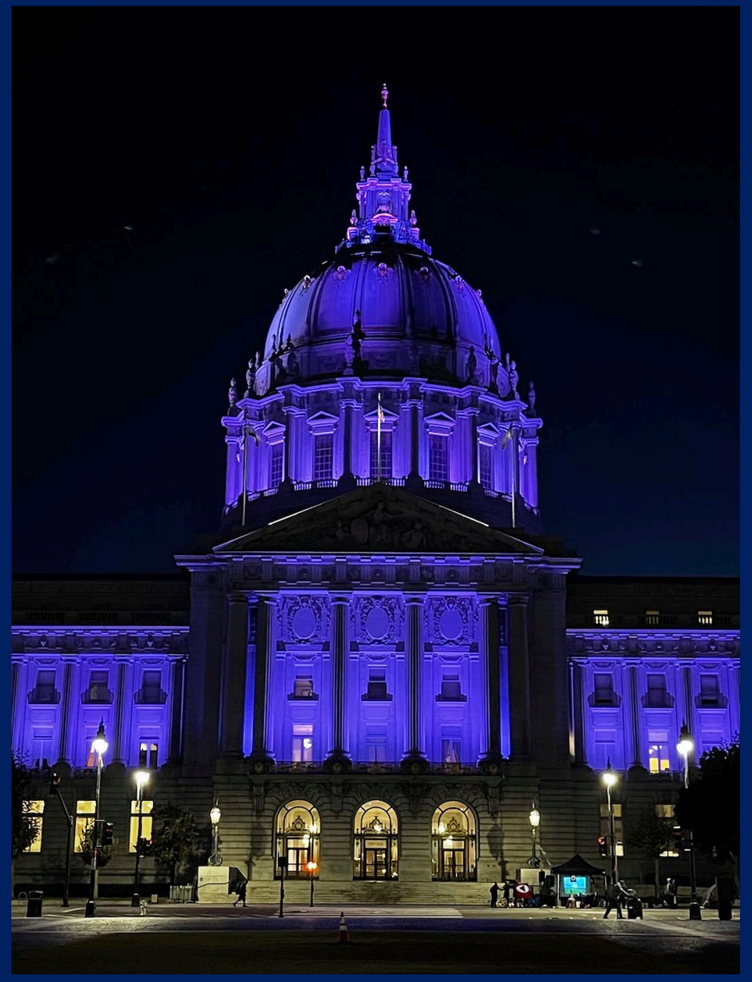
Overdose Prevention & Response



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

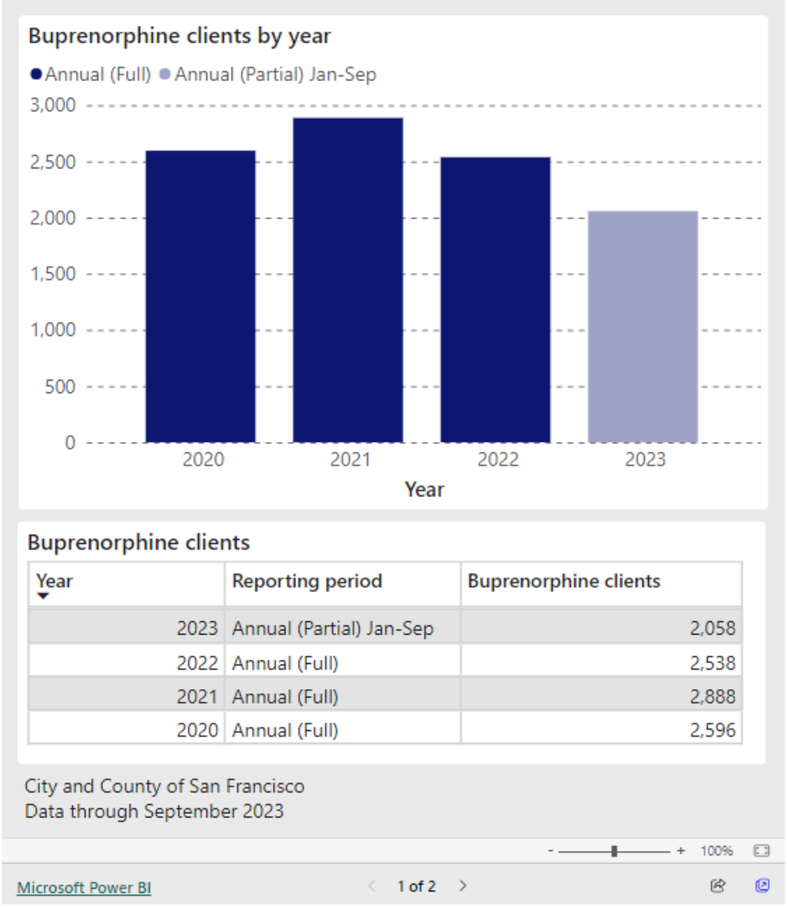
Overdose Prevention in San Francisco

MHSF IWG
April 23, 2024



MHSF IWG Update

- Local **overdose deaths**
- Implementation of San Francisco's **Overdose Prevention Plan**
- Why **buprenorphine and methadone**?
- **BEAM** successes (buprenorphine)
- **Methadone** expansion is key
- Increasing **naloxone** distribution



Buprenorphine clients

Year	Reporting period	Buprenorphine clients
2023	Annual (Partial) Jan-Sep	2,058
2022	Annual (Full)	2,538
2021	Annual (Full)	2,888
2020	Annual (Full)	2,596

City and County of San Francisco
Data through September 2023

Overdose deaths are at record levels in SF

810 overdose deaths in 2023, **163 (25%)** above 2022

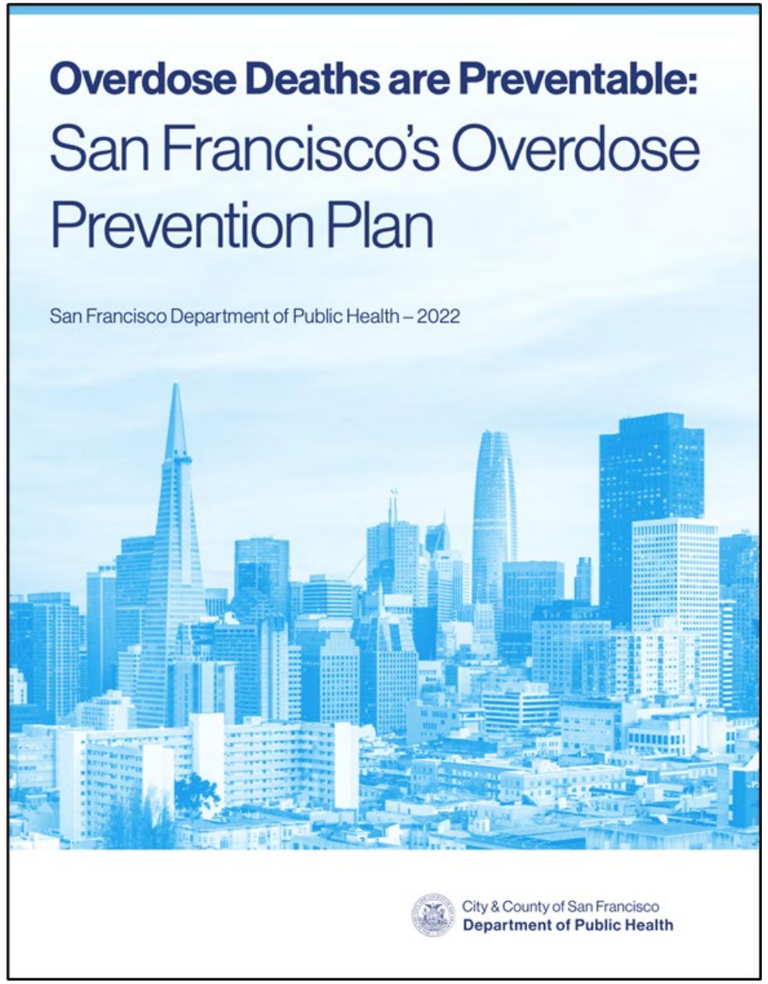
City & County of San Francisco
Department of Public Health

Office of the Chief Medical Examiner, 2024

San Francisco's Overdose Prevention Plan

Four Strategic Areas:

1. Increase availability and accessibility of the continuum of substance use services
2. Strengthen community engagement and social support for people at high risk for overdose
3. Implement a “whole City" approach to overdose prevention
4. Track overdose trends and related drug use metrics to measure success and inform program development and change



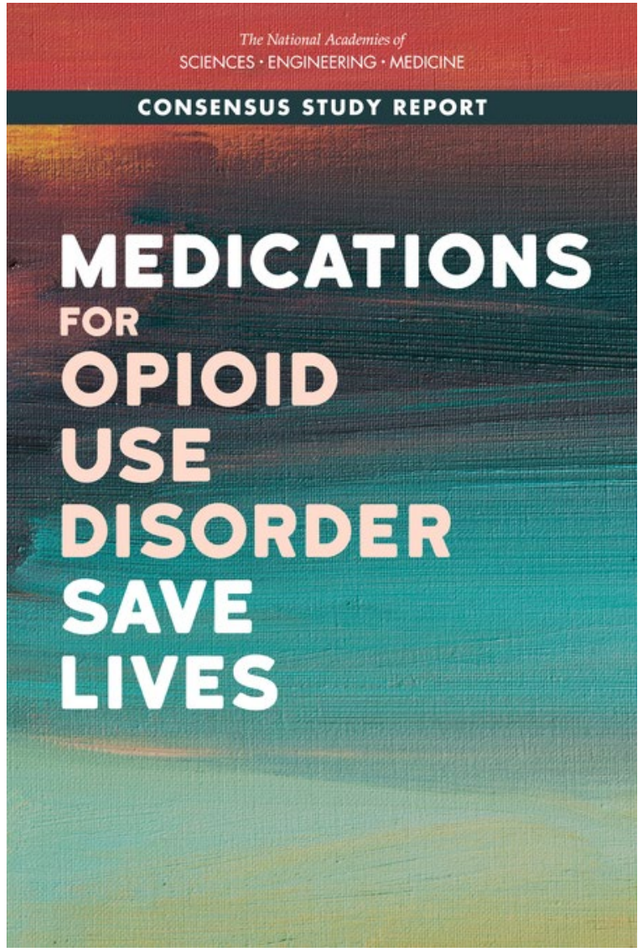
https://sf.gov/overdose-prevention-plan

Strengthening the continuum of substance use services to save lives

SAMHSA, 1999

Why medications for opioid use disorder (MOUD)?

- **Reduces risk of dying by up to 50 percent among people with opioid use disorder (OUD)**
- Lower rates of **other opioid use**
- Improved **social functioning**
- Decreased **injection drug use**
- **Reduced HIV transmission** risk behaviors
- **Higher quality of life** compared to individuals with OUD not in treatment



HHS, 2016; National Academies, 2019

Demand for low-threshold buprenorphine exists

- **Cohort study of 464 ED patients with OUD** in 7 California hospitals (CA Bridge program)
- Data collected **April 1, 2021 – June 30, 2022**
- High rates of **fentanyl** and **methamphetamine** use reported
- **86% patients received buprenorphine**, either administered or a prescription, indicating high interest
- Primary outcome was **engagement in OUD treatment** 30 days after the ED visit

Table 1. Baseline Characteristics of CA Bridge Patient Outcomes Study Participants[a]

Characteristic	Total cohort (N = 464)[b]	Received ED buprenorphine treatment[c]	
		Yes (n = 398)	No (n = 66)
No. of participants per site, median (IQR)	75.0 (44.0-91.0)	63.0 (37.0-81.5)	12.0 (2.0-13.0)
Age, median (IQR), y	36.0 (29.0-38.7)	35.0 (29.0-38.2)	41.0 (32.0-41.6)
Sex			
Male	343 (73.9)	295 (74.1)	48 (72.7)
Female	121 (26.1)	103 (25.9)	18 (27.3)
Race and ethnicity			
Hispanic	183 (39.4)	163 (41.0)	20 (30.3)
Black	64 (13.8)	51 (12.8)	13 (19.7)
White	185 (39.9)	159 (39.9)	26 (39.4)
Other[d]	32 (6.9)	25 (6.3)	7 (10.6)
Unstable housing status[e]	262 (57.8)	220 (56.6)	42 (65.6)
Medicaid health insurance	396 (85.3)	338 (84.9)	58 (87.9)
Navigator consultation in ED	387 (83.4)	345 (86.7)	42 (63.6)
Prior buprenorphine exposure	346 (74.6)	302 (75.9)	44 (66.7)
Any mental health condition[f]	328 (71.5)	279 (70.8)	49 (75.4)
Current substance use			
Fentanyl	242 (52.2)	200 (50.3)	42 (63.6)
Other opioids	391 (84.3)	333 (83.7)	58 (87.9)
Methamphetamine	232 (50.0)	189 (47.5)	43 (65.2)
Alcohol	140 (30.2)	109 (27.4)	31 (47.0)
Benzodiazepines or other sedatives	77 (16.6)	62 (15.6)	15 (22.7)
Cocaine or crystal cocaine	71 (15.3)	53 (13.3)	18 (27.3)

Herring AA, Rosen AD, Samuels EA, et al. Emergency Department Access to Buprenorphine for Opioid Use Disorder. *JAMA Netw Open.* 2024;7(1):e2353771.

Buprenorphine prescribed from EDs results in increased engagement

Table 2. Association of ED Buprenorphine Treatment With Subsequent OUD Treatment Engagement at 30 Days

ED buprenorphine treatment[a]	OUD treatment engagement at 30 d, No. (%) of patients		OR (95% CI)	
	Yes	No	Bivariate[b]	Adjusted[b,c]
Yes	198 (49.7)	200 (50.3)	2.19 (1.39-3.45)	1.97 (1.27-3.07)
No	15 (22.7)	51 (77.3)	1.00	1.00

Abbreviations: ED, emergency department; OR, odds ratio; OUD, opioid use disorder.

[a] Defined as buprenorphine administered or prescribed in the ED.

[b] Hierarchical generalized linear models include random effect for site as a group-level indicator.

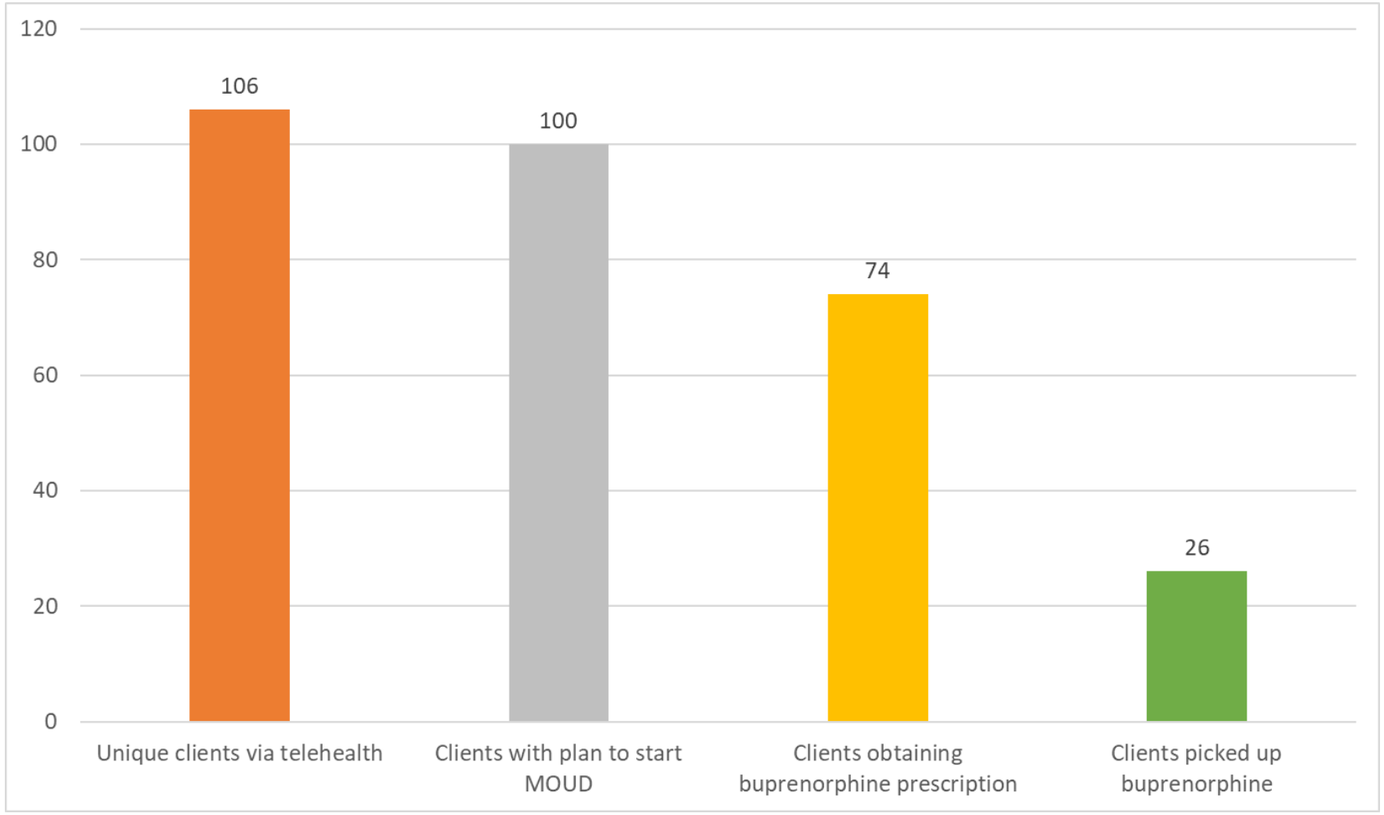
[c] Adjusted for age (years), sex, race and ethnicity, housing status, acceptance and availability of a patient navigator during the ED visit, and prior buprenorphine exposure.

Herring AA, Rosen AD, Samuels EA, et al. Emergency Department Access to Buprenorphine for Opioid Use Disorder. *JAMA Netw Open.* 2024;7(1):e2353771.

BEAM Pilot: Bringing Evening Access to Medications

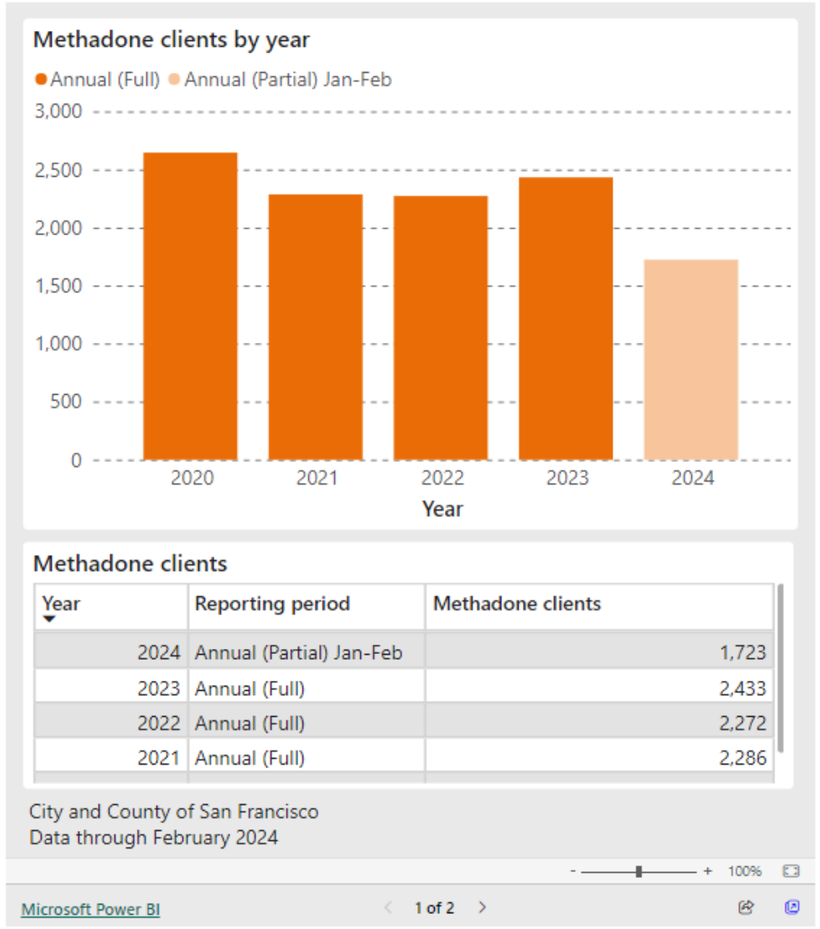
Day 1-19 evening telehealth MOUD results:

- **Evening navigators** outreach to people experiencing homelessness
- Offer a room at the **Adante, facilitate immediate connection** to a physician to start **MOUD**
- Medication can also be delivered to the person the **following day**



* (26 chose methadone)

Methadone in San Francisco



Year	Reporting period	Methadone clients
2024	Annual (Partial) Jan-Feb	1,723
2023	Annual (Full)	2,433
2022	Annual (Full)	2,272
2021	Annual (Full)	2,286

- **Methadone** is the oldest and most well-studied medication for treating OUD
- Despite life-saving potential, significant **barriers to methadone** exist, including **outdated regulations, structural barriers, and stigma**
- Currently, **~2,400 people** with OUD are treated annually with methadone

Methadone expansion is key

POLITICS

S.F. officials back California bill to significantly expand methadone access

By **Sophia Bollag**
April 16, 2024

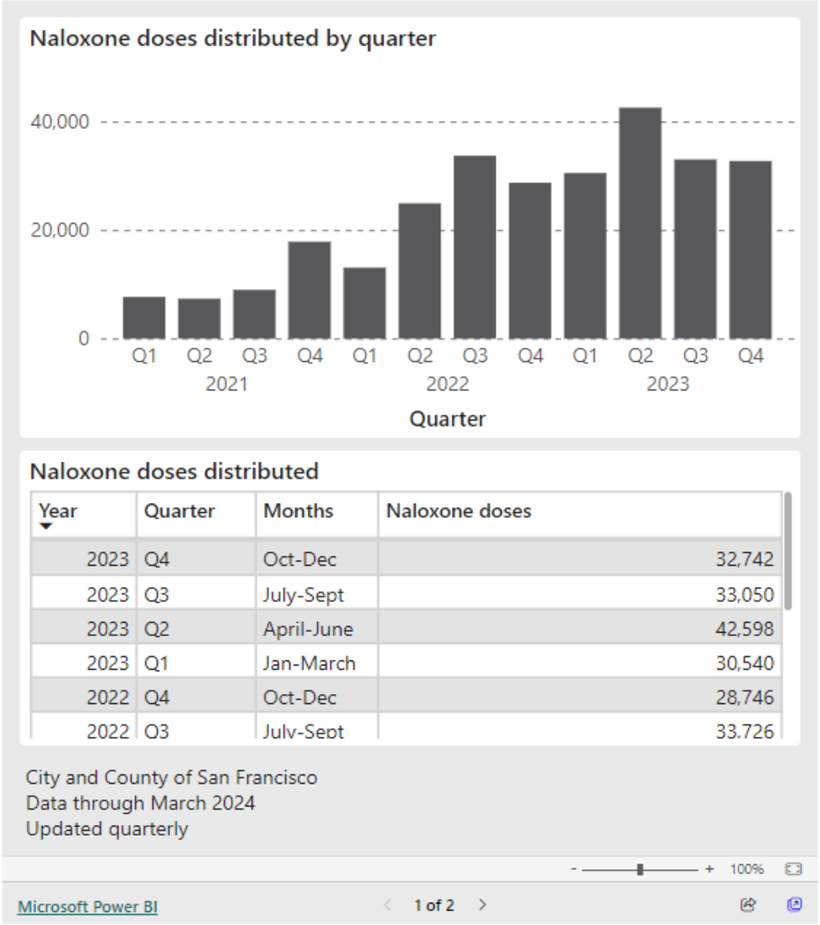
A view inside the Ward 93 methadone clinic at San Francisco General Hospital on May 31, 2018. A California bill would expand the types of clinics that can dispense methadone.
Peter Prato/Special to The Chronicle

- **Supporting AB2115 (Haney)**, a bill to modernize California's methadone treatment system, among the most restrictive in the country
- **Expanding intakes** in OTPs
- Partnering with **OTPs** to support their growth and sustainability
- **Proactive outreach** to encourage engagement in MOUD treatment among people with OUD

San Francisco Chronicle, 2024

Increasing naloxone distribution

- More than **138,000 doses of naloxone (Narcan)** were distributed in SF in 2023 by DPH and the DOPE Project
- Over **1,000 people** attended in-person trainings in 2023 led by DPH staff
- Focus on **highly impacted populations** (Black/African Americans, residents in supportive housing)
- **New partnerships** with entertainment venues, schools, community organizations underway



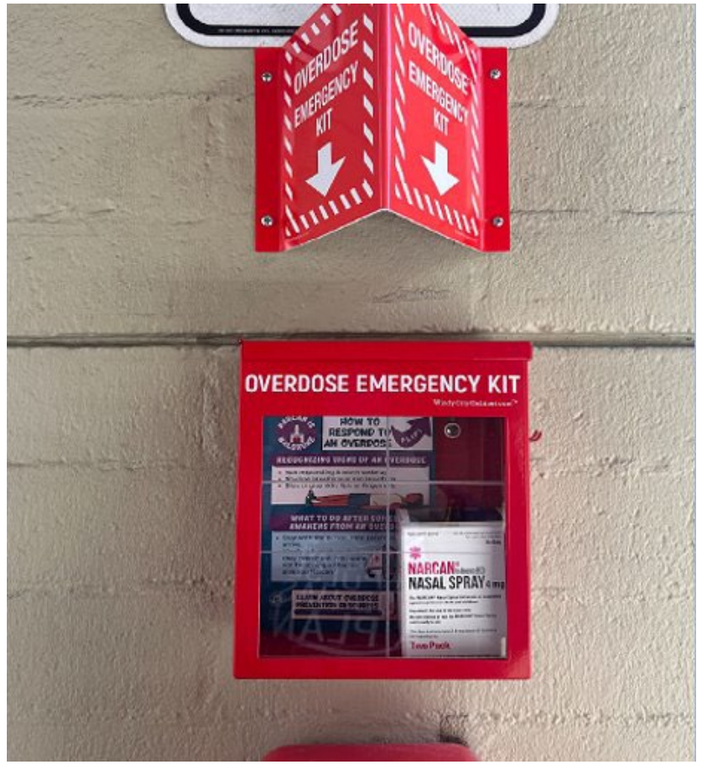
Naloxone doses distributed

Year	Quarter	Months	Naloxone doses
2023	Q4	Oct-Dec	32,742
2023	Q3	July-Sept	33,050
2023	Q2	April-June	42,598
2023	Q1	Jan-March	30,540
2022	Q4	Oct-Dec	28,746
2022	Q3	July-Sept	33,726

City and County of San Francisco
Data through March 2024
Updated quarterly

San Francisco Chronicle, 2024

Increasing naloxone distribution



Overdose Emergency Kits being installed in many PSH sites, partnership with HSH and housing providers

Free DPH overdose recognition and response trainings available online (www.learnsfdph.org)

Thank you

Public Comment for Discussion Item #2

Overdose Prevention & Response

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

Roll Call

Vote to
Excuse Absent Member(s)

Decision Rule:

- Simply majority, by roll call

11:20 – 11:30 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

11:30-11:45 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 & Updates

Tuesday, May 28, 2024 from 9am - 1pm
New location for May – details to come!

Consideration for May

- Director presents round robin domain updates
- Community engagement

Consideration for Future Meetings

- Homelessness and Supportive Housing (HSH)
- Staffing and Wages follow up
- Analytics and Evaluation (A&E)
- Office of Coordinated Care (OCC) / SCRT
- Behavioral Health Commission (BHC)

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
- **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 group, 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	Apr '23	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan '24	Feb	Mar
Amy Wong			n/a	n/a								
Jameel Patterson	E	A	n/a	n/a			E			E	E	E
open												
James McGuigan	E		n/a	n/a					E	E		
open												
Steve Fields			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.