

The background features abstract, overlapping geometric shapes in various shades of green, ranging from light lime to dark forest green. The shapes are primarily triangles and polygons, creating a dynamic, layered effect. The overall composition is clean and modern, with the text centered in the white space.

Mental Health SF Implementation Working Group

August 27, 2024

A hand is shown in the lower-left quadrant, pointing upwards with the index finger. The entire image is covered with a semi-transparent green overlay. The background is a blurred, light-colored surface.

Call to Order / Roll Call

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



Hear and discuss an update from the Director



Hear and discuss a presentation from the Department of Homelessness and Supportive Housing



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>

Vote to

Excuse Absent Member(s)

Decision Rule:

- Simply majority, by roll call

9:20 – 10:00 AM

Discussion Item #1

Director's Update

All materials can be found on the MHSF IWG website at:

<https://sf.gov/public-body/mental-health-san-francisco-implementation-working-group>

Director's Update

Mental Health SF Implementation Working Group

August 27, 2024

Hillary Kunins, MD, MPH, MS

Director of Behavioral Health Services and Mental Health SF
San Francisco Department of Public Health

MHSF Staffing & Wage Study

SFDPH Response

Recap: Staffing & Wage Study Recommendations

- ▶ Increased use of paraprofessionals
- ▶ Increased outreach to education and training programs
- ▶ Targeted outreach and recruitment, and tailored candidate follow-up
- ▶ Increased burnout prevention and career training and development resources
- ▶ Clinical internships with the City
- ▶ Operational adjustments for targeted CBO wage increases
- ▶ Increased contract TA to maximize or modify contracts, where appropriate
- ▶ Further exploring drivers of clinician resignations
- ▶ A continuous eligibility list for Health Workers
- ▶ Evaluating the feasibility of removing the Board of Behavioral Sciences (BBS) number requirement for recent graduates

Staffing & Wage: SFDPH Response

- ▶ It is important to note, **City staffing has improved** since data was collected for this study. Vacancy rates have decreased for Behavioral Health Services (BHS), the San Francisco Department of Public Health (SFDPH), and the City as a whole.
- ▶ As of June 28, 2024, the vacancy rate for the six behavioral health civil service classifications analyzed in this report was 14% (down from 18%) for a net increase of ~45 FTE. BHS had a net increase of ~100 FTE, reducing the overall vacancy rate from 15% to 9.5%.
- ▶ SFDPH's overall vacancy rate is now 5.4%, down from 12.9% in August of 2023. The City's overall vacancy rate has declined from 14.2% (October 2022) to 8.1% (August 2024).
- ▶ To achieve these vacancy reductions, SFDPH has streamlined the hiring process, developed a strategic hiring plan, and leveraged new technologies to support the hiring process, such as automating the work verification process.

Staffing & Wage: SFDPH Response

BHS is pursuing several staffing improvements that speak to the recommendations in the MHSF Staffing & Wage study, including:

- ▶ **Investments in career development**
- ▶ **Efforts to improve recruitment and retention**
- ▶ **Investing in equity and diversity**
- ▶ **Pursuing opportunities to increase CBO support under CalAIM**

BHS is also reviewing other recommendations from the Staffing & Wage study for further action.

Staffing & Wage: SFDPH Response

Investments in career development

- ▶ In Spring, 2024 BHS launched its Behavioral Health Clinician Fellowship .
 - ▶ 25 Master of Social Work interns are receiving training in trauma-informed care, health equity, and cultural humility, and offered career advancement webinars and coaching.
 - ▶ The Fellowship created an interim position while staff complete their clinically supervised training, avoiding delays that can occur while newly graduated clinicians wait for the State to issue their Board of Behavioral Sciences (BBS) number.
 - ▶ Recruitment included focus on diversity.
- ▶ BHS is also utilizing the SEIU Work Training Program. Cohorts receive training on career advancement and coaching sessions.

Staffing & Wage: SFDPH Response

Efforts to improve recruitment and retention

- ▶ Virtual informational sessions for City College Community Health Worker programs
 - ▶ Pilot launched June 2024 to build a pipeline for skilled and diverse healthcare workers in community behavioral health.
- ▶ Exit interviews
 - ▶ Every separating employee is offered the opportunity for an exit interview prior to leaving Department of Public Health, including employees who transfer divisions.
- ▶ Expanding successful pilot to call individual candidates, rather than rely on notice of inquiry.
 - ▶ Individualized outreach led to higher response rates from candidates and better overall hiring experiences.
- ▶ Employee engagement survey
 - ▶ Included a deep dive into areas of strength and for specific BHS roles.

Staffing & Wage: SFDPH Response

Investing in equity and diversity

The BHS Office of Justice, Equity, Diversity, and Inclusion/Behavioral Health Services Act (JEDI/BHSA) has led equity and diversity efforts to hire and retain behavioral health clinicians and program support.

- ▶ Created **recruitment plans** prioritizing diversity for the top five classifications with low representation of Black/African American and Latinx clinicians and managers/directors.
- ▶ Added **equity language** throughout all job announcements
- ▶ Approved **equity interview questions**
- ▶ Included JEDI team members in **interview panels**
- ▶ Piloting **Lived Experience** as a Desired Qualification
- ▶ Launching **Culturally Responsive Interventions** at four of our civil service clinics: South of Market, OMI, TAY, and Mission Mental Health: Alternatives Program

Staffing & Wage: SFDPH Response

Pursuing opportunities to increase CBO support under CalAIM

- ▶ BHS is working closely with CBOs in implementation of the state's pass-through rates.
- ▶ This may allow CBOs to reduce administrative burden and draw down as much of their funding award as possible.

Reviewing other recommendations from the Staffing & Wage study for further action.

- ▶ SFDPH is reviewing all recommendations from the study to identify the most feasible and impactful strategies to improve staffing and retention.

Thank You



San Francisco Health Network
Behavioral Health Services

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



A blurred office desk scene with a white mug, a laptop, and a smartphone, overlaid with a green tint and the text "5 Minute Break".

5 Minute Break

10:05 – 11:30 AM

Discussion Item #2

Presentation from HSH

All materials can be found on the MHSF IWG website at:

<https://sf.gov/public-body/mental-health-san-francisco-implementation-working-group>



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Overview of HSH and the Homelessness Response System in San Francisco

MHSF Implementation Working Group | August 27th, 2024



Topics

- Overview of the Department of Homelessness and Supportive Housing
- Housing in the homelessness response system
 - Accommodations and services for people with disabilities
- Pipeline projects



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

The Homelessness Response System (HRS)

Overview of the Department of Homelessness
and Supportive Housing (HSH)



HSH Overview – Background and Mission

- The Department of Homelessness and Supportive Housing (HSH) launched in **August 2016**.
- Mission: make homelessness in San Francisco **rare, brief, and one-time**.
- Serves over **15,000** people daily through the **homelessness response system (HRS)**:
 - youth ages 18-24 (sometimes called transitional age youth/TAY)
 - families with minor children
 - adults

Core Functions of the Homelessness Response System

Supportive Housing

- Short-term and long-term subsidies in City/non-profit owned sites, and on the private market
- Case management & wraparound services

Outreach

- Connects people living outside with the rest of the homelessness response system
- SF Homeless Outreach Team Client phone line: (628) 652-8000

Crisis Interventions

- Drop-in centers: laundry, showers, place to be inside, storage

Shelter

- Provides temporary places to stay while accessing other services & seeking housing solutions
 - Congregate shelter: shared spaces, including most navigation centers
 - Non-congregate shelter: private units (hotels, cabins)
 - Semi-congregate shelter: small shared rooms

Transitional Housing

- Place to stay and services for up to 2 years
- Current programs for families and youth ages 18-24

Prevention

- Supports people who are at imminent risk of homelessness, but currently housed
 - Flexible financial assistance (back rent, utility arrears, moving costs etc.),
 - Partnerships with other systems (SFUSD, OEWD to identify people at risk of homelessness)
 - Supportive services (legal, etc.) available through sferap.com

Homelessness in San Francisco

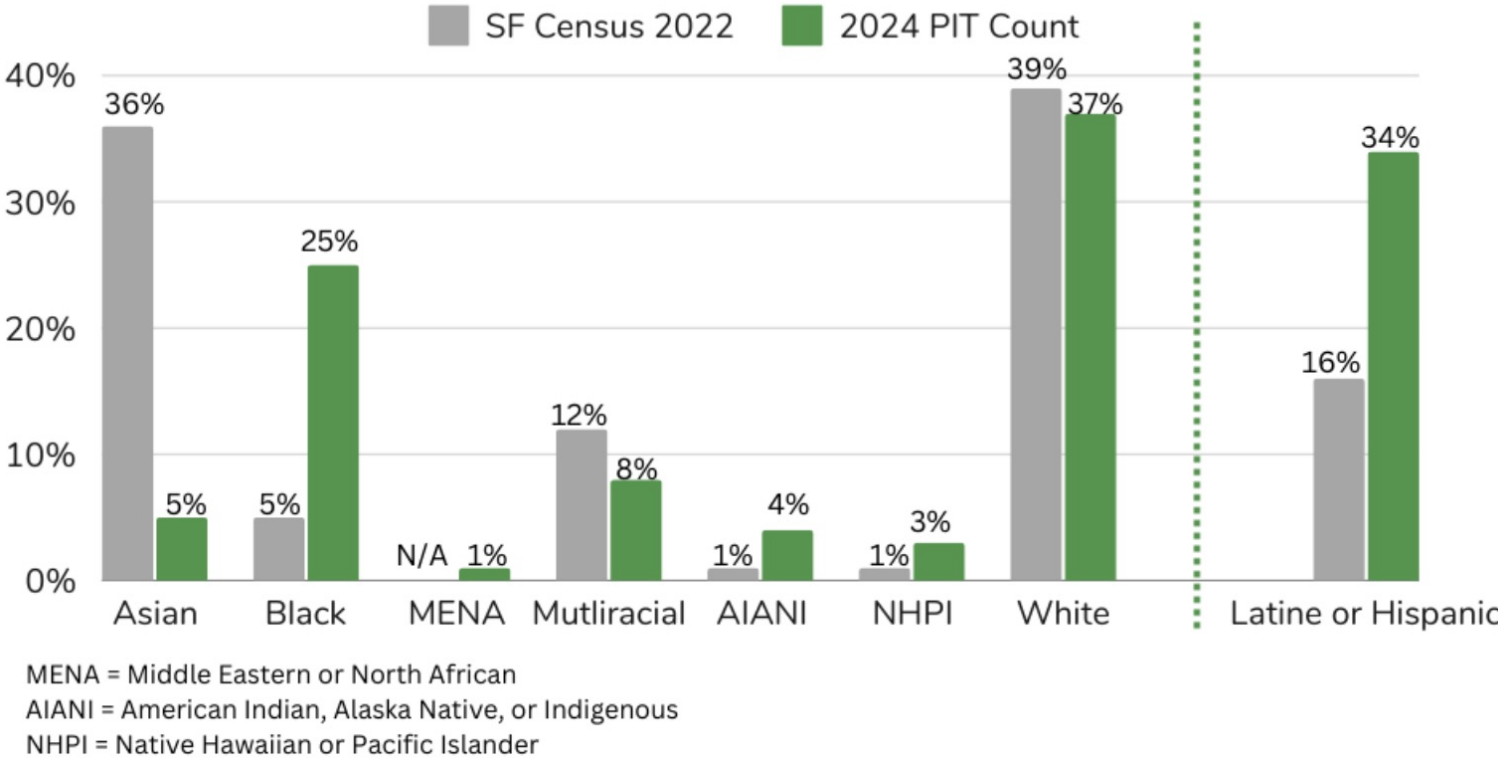
- While **8,323** homeless individuals were observed on the night of the 2024 PIT Count, more than **20,000** people seek homeless services in SF over the course of a full year.
- Most people self-resolve their homelessness through their own networks



Drivers of homelessness

- Shortage of affordable housing and the cost of living crisis drive homelessness.
- Homelessness is a structural racism issue
- 91% of housing in the City is on the private market. HSH manages a portfolio of about 13,500 units (~3% of all housing stock).

2024 PIT Count Race and Ethnicity Compared to San Francisco Census Data



How are people prioritized?

- All homelessness response systems around the country use "Coordinated Entry" as a centralized process to prioritize and match people to available housing resources
 - Vulnerability (to mortality)
 - Chronicity of homelessness
 - Barriers to housing (e.g. income, legal, resources available)
- After getting assessed, households are either matched to a housing program (based on eligibility + availability), or offered problem solving support to self-resolve.

What does this look like at HSH?

- About **10%** of people seeking HSH's services are prioritized for permanent housing
- Another **10%** are resolved through "Problem Solving" > financial assistance and conflict resolution support
- About **1,500** households move into permanent housing each year through HSH
- **142 units (1.9%)** are currently available for referral; all others are occupied or have a pending match
- There are about **1,911** people on the queue waiting for a match



DEPARTMENT OF
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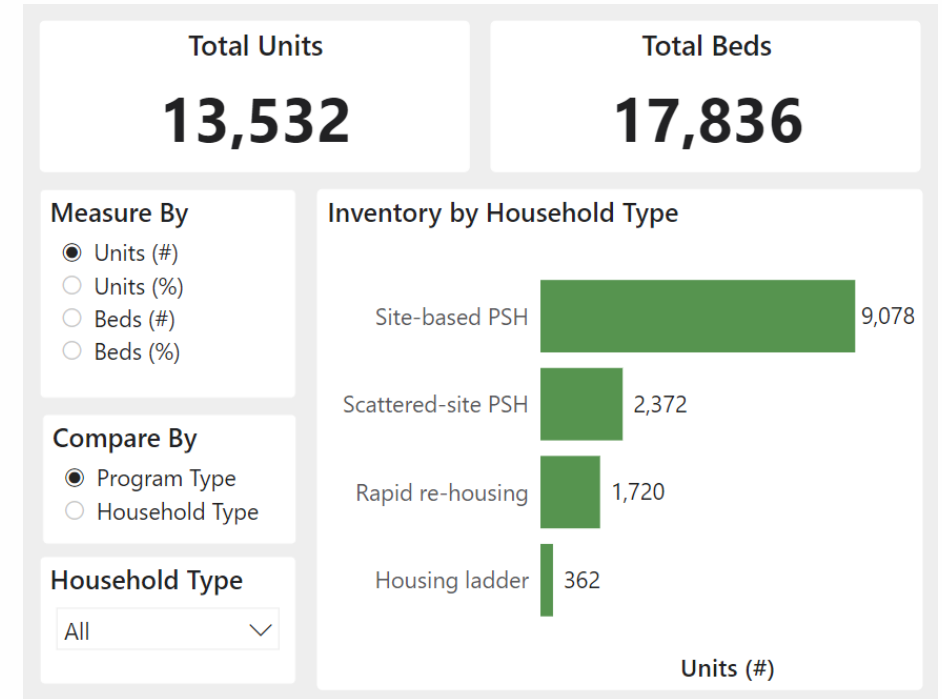
Housing in the Homelessness Response System

- What housing is available in the Homelessness Response System?
- What services are available for clients with mental health and other disabilities?
- How are clients on the Housing Referral Status list matched to housing and how long does it take?



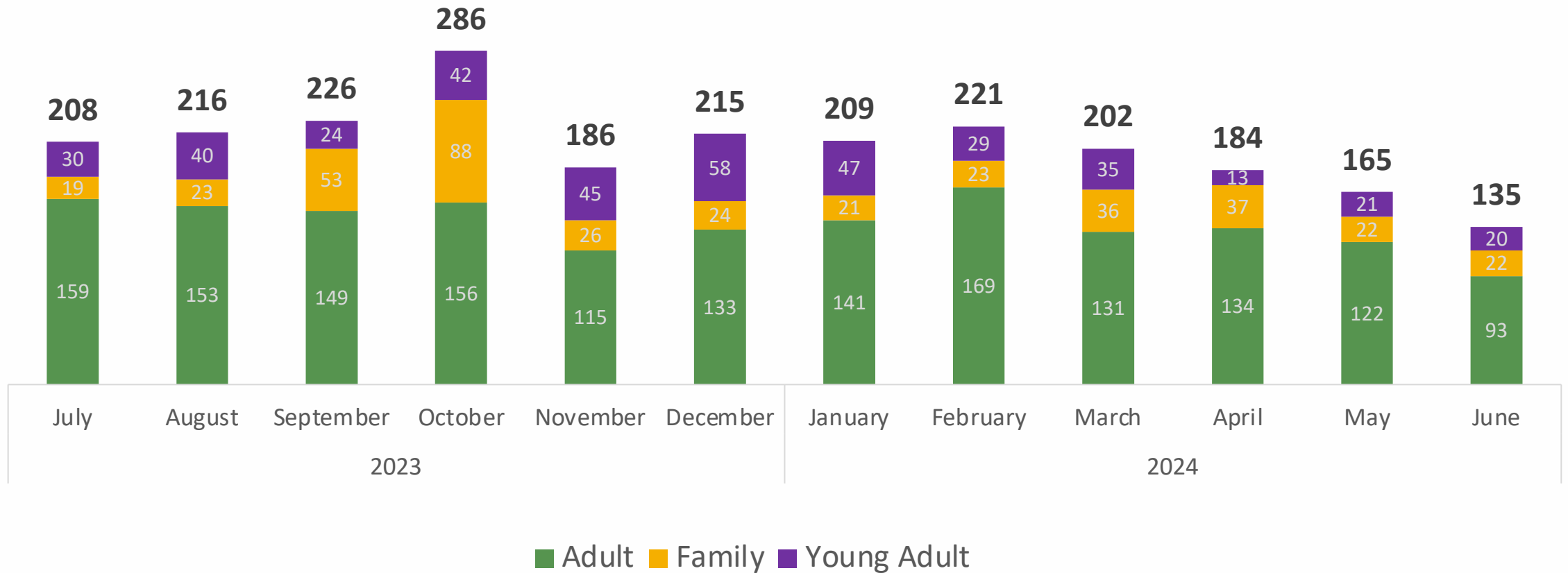
Homelessness Response System Housing

- 🔑 **Site-based permanent supportive housing – 9,100 units**
 - Long-term independent living, 30% of income on rent, typically SROs, services on-site
 - Includes CAAP housing, CoC (federally-funded) housing, locally-funded site-based housing
- 🔑 **Housing Ladder – 350 units**
 - Site-based affordable housing with fewer services, for people who are ready to live more independently. Referred by existing permanent supportive housing provider.
- 🔑 **Scattered site permanent supportive housing – 2,400 units**
 - Tenant-based private market subsidy, 30% of income on rent
- 🔑 **Rapid Rehousing – 1,700 units**
 - Tenant-based private market subsidy, tenant takes over rent over 1-2 years
- 🔑 **Shallow subsidies – 120 subsidies, emerging resource**
 - Smaller monthly payment to subsidize rent on private market



See HSH's [housing inventory dashboard here](#)

Monthly Placements by Population



“We often hear how isolating it can be when hospitalized for a long period of time. Remaining at home allows people to be surrounded by their friends and their community and receive personalized care by providers with whom they have built a relationship.”

--Katie Lamont Co-CEO and COO, Tenderloin Neighborhood Development Center

PSH Support and Higher Level Services

Permanent supportive housing (PSH): Permanently subsidized housing placement with on-site housing retention and case management support.

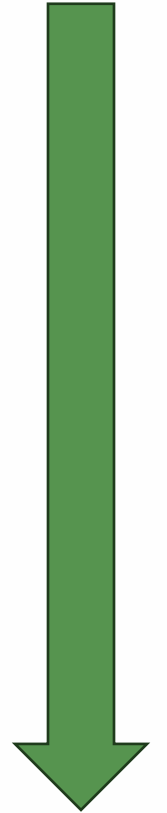
- **Site-based PSH:** Unit is in a PSH building with support services on site
- **Scattered site PSH:** Placement is on the private rental market. Remote services are available, but site-based placement is preferable for clients who would struggle to live independently.

PSH with augmented services: PSH placement with a connection to additional outside services, e.g. Meals on Wheels, a professional in-home caregiver (IHSS Homebridge), or all-inclusive services for the elderly (OnLok)

PSH with nursing support: Nursing assessment, support linkage to primary care, medication management, assessment/triage for ED/ hospitalization, collaboration with primary care team in chronic disease management.

PSH with enhanced services: Skilled nursing care, primary and specialty care navigation, assistance with medication management, medical case management, assisted daily living, and hospice end-of-life care.

Skilled Nursing Facility / Residential Care Facility: More extensive on-site medical supervision.



Clinical Assessment for PSH Services and Accommodations



Refer client for review if they believe client may need services beyond baseline PSH

Shelter case manager

Housing navigator

On-site support services

Clinician

Clinical Assessment for PSH Services and Accommodations



Refer client for review if they believe client may need services beyond baseline PSH

Review request, along with clinical record and make a recommendation for appropriate placement/services

Shelter case manager

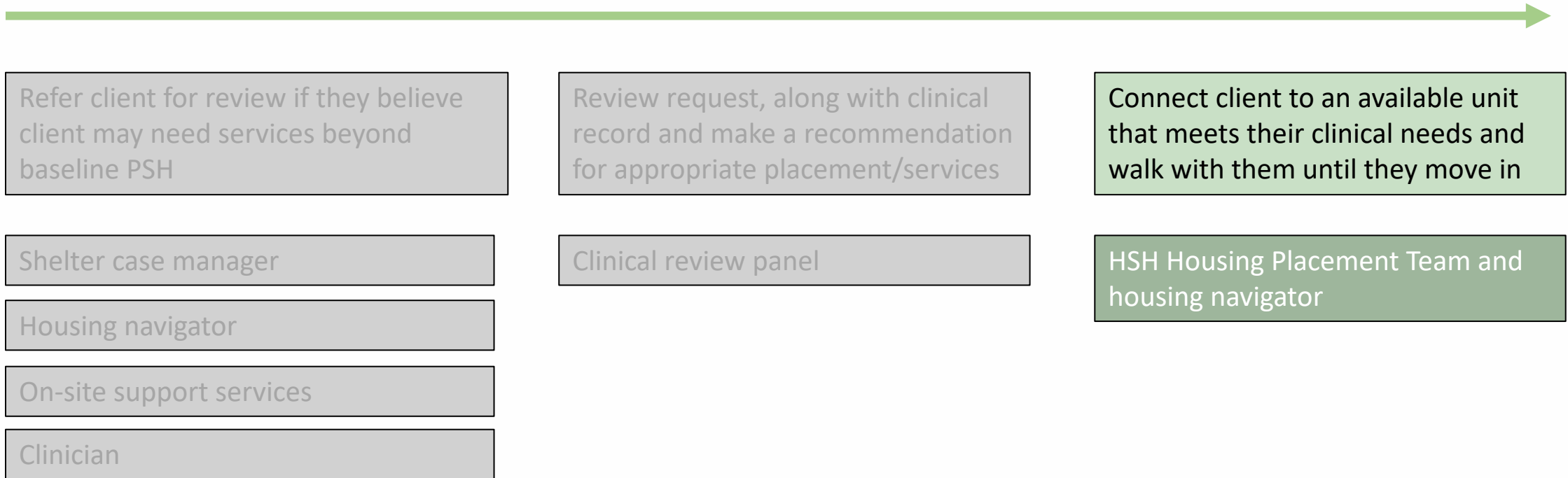
Clinical review panel

Housing navigator

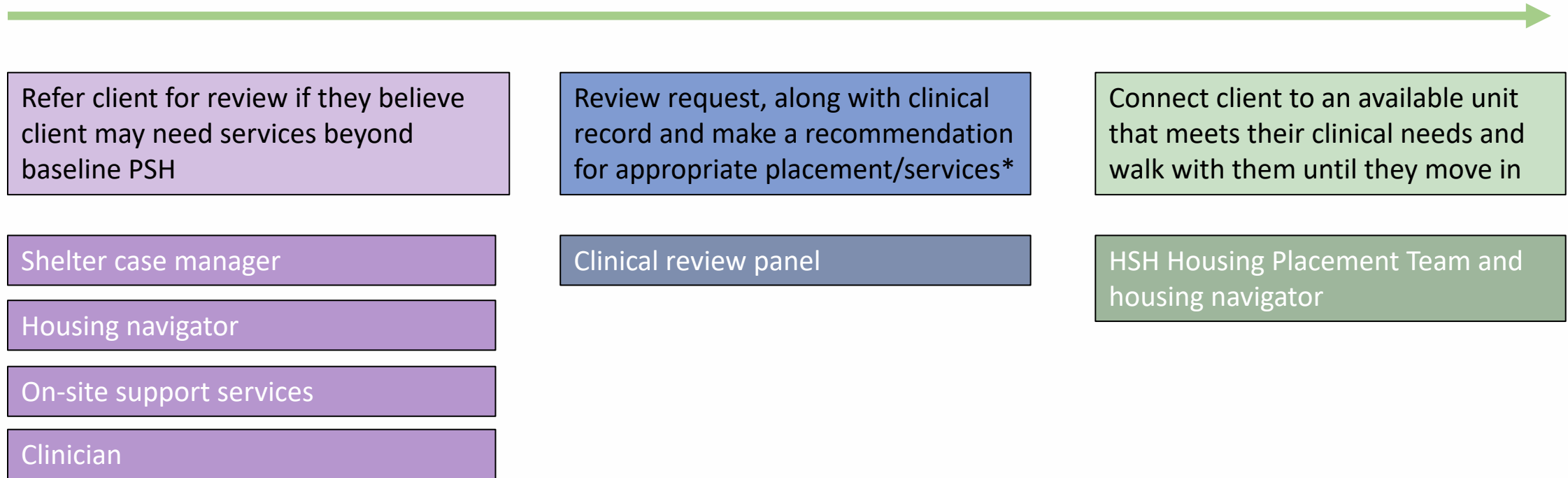
On-site support services

Clinician

Clinical Assessment for PSH Services and Accommodations



Clinical Assessment for PSH Services and Accommodations



*Accommodation requests for which supply is not a constraint (e.g. elevator access) are not subjected to clinical review

How long does it take?

161 Days

from CE Assessment to move-in on average

Primary factors that impact timeline

- Unit availability (anticipated lease-ups)
- Household size
- Funding source eligibility
- Time on queue

Housing navigator/access point will discuss anticipated timeline with the client



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What are we working on?



Pipeline projects that support people with disabilities

- CE Redesign
- PHACS rollout across PSH
- OPHRESH (overdose prevention)
- Journey Home (relocation)
- Proactive referrals
- Administrative data in CE assessment
- Sober living (recovery housing)

Key Links

🔑 HSH Website:

- [Information on the Homelessness Response System](#)
- [How to Get Services](#)
- [List of Access Points](#): locations and contact information for sites where unhoused people can access CE services, by population.
- [Drop in Centers](#) that offer showers, laundry, food, storage, etc
- [Administrative review](#): info and form
- [HSH.sfgov.org/raform](https://www.sfgov.org/raform): reasonable accommodation request form
- [Prevention Services](#): flexible financial assistance for people who are housed and at risk of homelessness
- [Research and Reports \(significant data added in 2022\)](#)
 - Coordinated Entry and Housing Demographics, Monthly HRS Data, SIP Housing, Vacancies, Point-in-Time Count overview.

🔑 HSH's [printable resources cards](#)



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

DISCUSSION





DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Additional Information



Strategic Plan Goals: July 2023 - June 2028

<u>GOAL #1:</u> Decrease Homelessness	Reduce the number of people who are unsheltered by 50% and reduce the total number of people experiencing homelessness by 15% .
<u>GOAL #2</u> Reduce Inequities	Demonstrate measurable reductions in racial inequities and other disparities in both: <ul style="list-style-type: none">• the experience of homelessness and• the outcomes of City programs intended to prevent and end homelessness.
<u>GOAL #3</u> Increase Exits from Homelessness	Actively support at least 30,000 people to move from homelessness into permanent housing.
<u>GOAL #4</u> Support Housing Success	Ensure that at least 85% of people who exit homelessness do not experience it again .
<u>GOAL #5</u> Prevent homelessness	Provide prevention services to at least 18,000 people at-risk of losing their housing and becoming homeless.

Housing Subsidies and Eligibility Restrictions

Site-based – Units in City-owned, nonprofit-owned, or master-leased sites, primarily in the Tenderloin

- **County Adult Assistance Program (CAAP) / Care Not Cash.** Locally-funded, rapid placement, low-barrier, GA required
- **Continuum of Care (CoC).** Federal/HUD-funded. Require documentation of 12 months' homelessness
- **Project-Based Vouchers (PBV).** SFHA units. Require government ID
- **Local Operating Subsidy Program (LOSP) and General Fund (GF).** Locally-funded, low-barrier
- **Housing Opportunities for Persons with AIDS (HOPWA).** Disabling HIV diagnosis
- **Education Revenue Augmentation Fund (ERAF).** 55+

Scattered Site – Units on the private market for clients who can live independently with remote services.

- **Flexible Housing Subsidy Pool (FHSP).** Low-barrier long-term rental subsidy on the private market
- **Rapid Rehousing (RRH):** Graduated 1-3 year subsidy where the household fully takes over the lease and rent. Includes Rising Up for transitional-aged youth and CalWORKS Housing Subsidy Program for families on CalWORKS.
- **Mainstream Voucher (MSV).** SFHA tenant-based voucher for people with disabilities who are experiencing homelessness. Through SFHA waitlist process.
- **Emergency Housing Voucher (EHV).** SFHA tenant-based voucher; one-time infusion of vouchers for people experiencing homelessness, at risk, or recently homeless (all referrals have been made)
- **Shallow subsidies (emerging resource)** - lower subsidy on the private market; includes housing search support

Public Comment for Discussion Item #2

Presentation from HSH

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



11:30 – 11:40 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>

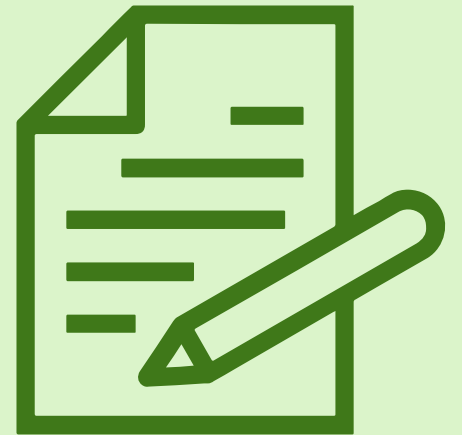


Vote on Discussion Item #3

Approve Meeting Minutes

Decision Rule

- Simply majority, by roll call



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



11:40-11:55 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, September 24, 2024, from 9am - 1pm
- ▶ 1380 Howard St., Room 515

Consideration for September

- Director's update
- Project updates (brief): Prop 1 bond, NB&F projects
- Office of Coordinated Care (OCC) follow-up care

Consideration for Future Meetings

- Analytics and Evaluation (A&E)
- Behavioral Health Commission (BHC)
- Update from Sup. Ronen's office

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**
 - Draft minutes in the next two weeks, approved meeting minutes will be posted at <https://sf.gov/public-body/mental-health-san-francisco-implementation-working-group>
- **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