Call to Order/Roll Call
Introduction of MHSF & Behavioral Health Director

Dr. Hillary Kunins
Meeting Goals

• Review, refine, and (if appropriate) vote on SCRT recommendations
• Deepen the IWG’s understanding of MHSF domains
• Receive an overview of the Drug Sobering Center work underway and areas for IWG engagement

All materials can be found on the MHSF IWG website at: https://www.sfdph.org/dph/comupg/knowlcol/mentalhlth/Implementation.asp
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-xenophbic, and promote a decolonized community
7. Use virtual meeting tools (camera, raise hand)
8. Allow the facilitator to guide the process
Reminder: Mental Health SF Components

Mental Health SF Components

- Office of Coordinated Care
  - Marketing / Community Outreach
  - Case Management and Navigation
  - Overall Care Coordination

- Street Crisis Response Team
  - Pilot Phase
  - Ongoing Implementation

- Mental Health Service Center
  - 24/7 Access
  - Pharmacy Services
  - Transportation

- New Beds and Facilities (Mental Health and Substance Use Treatment Expansion)
  - Bed Optimization Report Findings
  - Drug Sobering Center*
  - MH Urgent Care/Crisis Diversion Facility*

- Overdose Prevention

Note: Office of Private Health Insurance & Accountability will be addressed at a later time
Discussion Item #1

Approve Meeting Minutes

All materials can be found on the MHSF IWG website at:
https://www.sfdph.org/dph/comupg/knowlcol/mentalhth/Implementation.asp
IWG Discussion: Reminder to raise your hand
Public Comment for Discussion Item #1
Approve Meeting Minutes

Steps:
- Call (415) 655-0001
- Enter access code 146 882 9742
- Press ‘#’ and then ‘#’ again
Vote on Discussion Item #1

Approve Meeting Minutes

Decision Rule:

• Simply majority, by roll call
Discussion Item #2

Review Updates to Recommendations Principles

All materials can be found on the MHSF IWG website at: https://www.sfdph.org/dph/comupg/knowlcol/mentalhlth/Implementation.asp
Discussion Item #3

Street Crisis Response Team Pilot Recommendations

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 Components

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Overdose Prevention

Note: Office of Private Health Insurance & Accountability will be addressed at a later time

*service falls under Mental Health Service Center in legislation, DPH has organized under New Beds and Facilities for operational efficiency
Reminder: Pilot Evaluation Questions

• Who is the Street Crisis Response Team serving, and what are the characteristics of those service calls?
• How effective is the Street Crisis Response Team in addressing the needs of the individuals it serves?
• What successes and challenges have Street Crisis Response Team members and community stakeholders observed in the implementation of the pilot program?

Will have results in Fall of 2021 to share with the IWG
Reminder of Roadmap

- **February 23**
  - Street Crisis Response Team
  - Issue paper and presentation

- **March 10**
  - Additional data requests made and answered

- **March 23**
  - Craft initial recommendations

- **April 9**
  - IWG members individually develops initial recommendations (homework)

- **April 21**
  - Discussion group compiles/refines recommendation wording

- **April 27**
  - Review recommendations and vote

You are here!
Decision making process reminder

1. IWG consensus-based process
   • Step 1: Review proposed SCRT recommendations
   • Step 2: Check for understanding
   • Step 3: Ask for revisions
   • Step 4: Polling on member level of agreement with all SCRT recommendations, 1-5
   • Step 5: If any 1s or 2s, discuss, clarify and repeat from Step 3

2. Public comment

3. Modify final slate of SCRT recommendations as needed

4. Simple roll call yes/no vote
1. An evaluation of all current crisis response programs must be undertaken: SCRT, HOT, EMS-6, Mobile Crisis, Comprehensive Crisis Services, Home Team, any other teams unknown to the IWG members.

2. Once gaps in service are identified, BHS shall undertake a restructuring of current crisis services as needed. Based on this restructuring, a final set of recommendations for the implementation of SCRT can be made by BHS and the MHSF IWG.

3. In the interim, while the above steps are undertaken, in order to address current implementation challenges, and minimize inefficient use of Prop C funds we assert the following: Current implementation of SCRT is too narrow.

Please see IWG website for full wording of recommendations:

https://www.sfdph.org/dph/comupg/knowlcol/mentalhlth/Implementation.asp

File name: MHSF IWG SCRT Recommendations (discussion group summary)
Public Comment for Discussion Item #3
Street Crisis Team Pilot Recommendations

Steps:

• Call (415) 655-0001
• Enter access code 146 882 9742
• Press ‘#’ and then ‘#’ again
Vote on Discussion Item #3

Approve SCRT Recommendations

Decision Rule:

• Simply majority, by roll call
Discussion Item #4

MHSF Overview by Domain
Mental Health San Francisco
A transformation of SFDPH behavioral health services delivery focused on people experiencing homelessness

YOU HAVE BEEN ASSIGNED THIS MOUNTAIN TO SHOW OTHERS THAT IT CAN BE MOVED.
The Big Picture of BHS

Our “True North”
True North: Overall BHS Strategic Vision

Care Experience
- Network adequacy
- Timely access
- Engaged in care

Workforce
- Reflective workforce
- Engaged and supported

Equity
- Eliminate disparities

Quality
- Achieve client’s goals

Safety
- Reduce time in crisis, in jail, in the hospital or living on the streets
- Reduce harm caused by substances use

Financial Stewardship
- Optimize revenue

BHS 3-Year Plan
2021
2022
2023
MHSF: Developing a Strategic Vision

• Definition/identification of the problem
• Identifying strategies to effect change in line with the ordinance
• Overall objectives for change
• Accountability to results (evaluation)
MHSF: Definition/identification of the problem

Together, these identified the key challenges across the behavioral health system

<table>
<thead>
<tr>
<th>Challenge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harm caused by substance use</td>
</tr>
<tr>
<td>African American disparities</td>
</tr>
<tr>
<td>Concerns about jail/BH</td>
</tr>
<tr>
<td>Need for more housing</td>
</tr>
<tr>
<td>People who never engage in care</td>
</tr>
<tr>
<td>Capacity (big focus on beds)</td>
</tr>
<tr>
<td>Wait times and lack of central waitlists/tracking</td>
</tr>
<tr>
<td>Lack of coordination</td>
</tr>
<tr>
<td>Problems people with private insurance have accessing care</td>
</tr>
</tbody>
</table>
MHSF: Goal (DPH perspective)

Improve the quality of life for people experiencing homelessness, serious mental illness and/or substance use disorder
Populations of interest

By designing programs and systems improvements targeted toward the most vulnerable in San Francisco, we expect to improve the lives of all people with behavioral health needs.

The “curb cut” effect: Laws and programs designed to benefit vulnerable groups, such as the disabled or people of color, often end up benefiting all of society.

https://ssir.org/articles/entry/the_curb_cut_effect
MHSF: Strategies in place

Mental Health SF Components

- Office of Coordinated Care
  - Marketing / Community Outreach
  - Case Management and Navigation
  - Overall Care Coordination
- Street Crisis Response Team
  - Pilot Phase
  - Ongoing Implementation
- Mental Health Service Center
  - 24/7 Access
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- New Beds and Facilities (Mental Health and Substance Use Treatment Expansion)
  - Bed Optimization Report Findings
  - Drug Sobering Center*
  - MH Urgent Care/Crisis Diversion Facility*
- Overdose Prevention

*service falls under Mental Health Service Center in legislation, DPH has organized under New Beds and Facilities for operational efficiency

Note: Office of Private Health Insurance & Accountability will be addressed at a later time
Goal: Support clients to access and receive the right level of care at the right time and coordinate care as clients move through the system

- Raise awareness about BHS services including an updated website
- Develop a new program called Care Coordination and Transitions Management (CCTM)
  - Consultation, linkage, navigation and care coordination
  - Focused on SCRT, Hospital, PES, Jail and the homeless response system
- Expand Intensive Case Management Programs
- Expand outpatient (OP) case management to improve flow from ICM and expand field-based/engagement services
- Upgrade BHS data systems to enable centralized tracking timely and equitable access
- Improving access and flow into residential services/beds
**Goal:** acquire the number of beds at each level of care needed for “zero wait time”

Comprehensive data analysis conducted in 2019. Plan to update every two years.

<table>
<thead>
<tr>
<th>Level of Care (proposed)</th>
<th>Proposed # of Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug Sobering Center</td>
<td>12 - 20</td>
</tr>
<tr>
<td>12-month Rehabilitative Board and Care</td>
<td>20</td>
</tr>
<tr>
<td>Locked Subacute</td>
<td>44</td>
</tr>
<tr>
<td>Psychiatric Skilled Nursing Facilities</td>
<td></td>
</tr>
<tr>
<td>Residential Care Facility (aka Board and Care)</td>
<td>53</td>
</tr>
<tr>
<td>Residential Care Facility for the Elderly</td>
<td></td>
</tr>
<tr>
<td>Residential Step-down (SUD)</td>
<td>150</td>
</tr>
<tr>
<td>Transitional Age Youth</td>
<td>10</td>
</tr>
<tr>
<td>Managed Alcohol</td>
<td>10</td>
</tr>
<tr>
<td>Dual Diagnosis Funded by ERAF in FY19-20</td>
<td>47</td>
</tr>
<tr>
<td>Crisis Diversion Facility</td>
<td>TBD</td>
</tr>
</tbody>
</table>
**Goal:** Provide 24/7 access for patients seeking mental health and/or substance use treatment, psychiatric medications, and subsequent referral to longer-term care.

**BH Supports**
- Evaluation; Diagnoses
- Evaluation for medications (NP/MD); prescribe medications
- Case management
- Treatment planning
- Assign patients to an appropriate level of case management, and/or a BHS program offering the appropriate level of care

**Mental Health Urgent Care Unit** clinical intervention for individuals who are experiencing escalating psychiatric crisis

**Drug Sobering Center** offer clinical support and beds for individuals who are experiencing psychosis due to drug use.

**Transportation**

---

**Phase 1:** Expand existing BHAC to evenings and weekends and improve services provided

**Phase 2:**
Better understand the problem we trying to solve
**Early State** Impact Evaluation Framework

**Goal**

Improve the quality of life for people experiencing homelessness, serious mental illness and/or substance use disorder

**Client Outcomes (measures)**

- Decreased emergency services utilization
- Increased utilization of “routine” behavioral health services
- Increased housing placements
- Decreased justice system involvement

**Activities (linked to strategies)**

- Street Outreach
- Improved system access points
- New treatment beds
- Care coordination
- Case management
Data Summary Example (SCRT)

- **Crisis Calls Handled by SCRT**
  - March: 256
  - Cumulative*: 756

- **800-B Calls that Received SCRT Response**
  - March: 20%
  - Cumulative: 19%

- **Average Response Time**
  - March: 14 min
  - Cumulative: 15 min

- **Client Engagements**
  - March: 150
  - Cumulative: 405

- **Engagement Outcomes: Cumulative**
  - Crisis resolved on scene, client remained safely in community: 53%
  - Client transported to hospital: 20%
  - Client linked & transported to social or behavioral setting: 17%
  - 5150s initiated on scene: 10%

*Note: A single client encounter may result in multiple outcomes.*
Client Characteristics *Example (SCRT)*

**Race & Ethnicity***
- Unknown/No entry: 33%
- White or Caucasian: 25%
- Black or African Descent: 16%
- Latin American: 7%
- Other: 7%
- Mexican American/Chicano: 4%
- Other Hispanic: 3%
- Asian - Other: 2%
- Multiple: 1%
- Other: 1%

**Living Situation***
- Experience Homelessness: 77%
- Unknown/No entry: 16%
- Housed/Other: 7%

*"Other" category is comprised of race entries representing less than 1% of the total.

**The SCRT strives to collect demographic information from each client, but this data is sometimes difficult to gather given the circumstances of the encounter.*
Public Comment for Discussion Item #4
MHSF Overview by Domain

Steps:

• Call (415) 655-0001
• Enter access code 146 882 9742
• Press ‘#’ and then ‘#’ again
5 Minute Break
Discussion Item #5

Drug Sobering Center Overview

Dr. David Pating
Addiction Psychiatry-Substance Use Services, DPH
Reminder: Mental Health SF Components

Mental Health SF Components

Office of Coordinated Care
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Overdose Prevention

Note: Office of Private Health Insurance & Accountability will be addressed at a later time
Drug Sobering Center Proposal
for 1076 Howard Street Street
April 27, 2021

David Pating, MD
Hali Hammer, MD
In response to San Francisco’s urgent problem of people experiencing mental health and substance use crises on the streets, the Department of Public Health is taking action to:

Create a trauma-informed sobering site with integrated harm reduction services for individuals who are under the influence of methamphetamine.
Roaming Market Street

• Rebecca (26) is in crisis on Market St.
• She lives in a nearby encampment
• Passerby calls 911, who notifies the Street Crisis Response Team
• SCRT engages Rebecca and brings her to the Drug Sobering Center
• She is welcomed and offered a place to rest, eat and shower
Drug Use in San Francisco

Accidental Overdoses by Day of Death
Office of the Chief Medical Examiner (Jan–Dec 2020)

*Acc. Overdoses Open* cases do not have a final cause and manner of death classification; *Acc. Overdoses Closed* cases have a final cause and manner of death classification.

*No fixed address* denotes community members who may be experiencing homelessness.

*Residence* denotes address where decedent lived; *Location of Death* denotes the location where death was declared. For *Residence* and *Location of Death*, the 4 most affected neighborhoods are represented; the *Others* category refers to all other zip codes within the City and County of San Francisco and any of out county residences.

*Gender* refers to gender at time of death.

*Total Deaths* denotes Accidental Overdoses where one or more drugs contribute to the cause of death; however, every point for each drug series is inclusive, but not necessarily exclusive, of that drug. *Total deaths* represents all accidental overdoses including ones for drugs not specified above.
Serving SOMA and Tenderloin
2020 Overdose Deaths

Residence
- 25% Tenderloin (94102)
- 16% SOMA (94103)
- 9% Nob Hill (94109)
- 8% Inner Mission (94110)
- 43% Others

Location of Death
- 22% Tenderloin (94102)
- 17% SOMA (94103)
- 16% Nob Hill (94109)
- 13% Inner Mission (94110)
- 31% Others

Accidental Overdoses (Jan-Dec 2020)
Office of the Chief Medical Examiner
The Drug Sobering Center

A safe, welcoming indoor space for people who are intoxicated to “come down” from drugs.

• Serving the Tenderloin & SOMA
• Walk-ins and referrals
• Open 24/7
Program Design

Program Specs
- 24-hour access for people experiencing effects of methamphetamine & other drugs
- Staffed by health workers and trained safety monitors
- Ongoing collaboration with community organizations, Street Crisis Response Teams, DPH and other City departments, and people who use drugs

Services
- Access to showers, hydration & light snacks
- Individualized health & safety engagement
- Indoor respite for sobering with activities to enhance recovery
- Assessments for substance use and mental health concerns & referrals
- Direct linkage to social services (including housing assessment)

Client Accessibility
- Safe place 24-hours a day where people experiencing intoxication can walk-in
- Direct referrals from street outreach teams, emergency responders, and providers that serve people who use drugs and are experiencing homelessness
- Average stay is 6-12 hours (longer as needed)
- Voluntary program where clients can stay overnight
Client Experience Start to Finish

Client enters program → Health Worker greeting, intake, and agreements → Medical screening and vitals → Client eligible for entry?

Yes → Client to access program services: Bed/Sleep, Snacks/Hydration, Shower/Restroom, Active Area, Quiet Zone, Counseling, Supplies, and Referrals

No → Health Worker makes appropriate referral

Health Worker arranges resource logistics and transportation, if needed → Client discharged to appropriate community partners and service organizations
1. **Satisfaction**
   - Community believes DSC is a good neighbor
   - Clients feel welcomed and want to return

2. **Safety**
   - No deaths, overdoses, injuries
   - Area out front is safe and clean

3. **Services**
   - Visits, health engagement, harm reduction supplies
   - Referrals and transportation

4. **San Francisco**
   - Improving lives through Mental Health SF.
DPH and HealthRIGHT 360 commit to active partnership with the Tenderloin/SOMA neighborhood.

April 2021
- Community Meetings

June 2021
- Presentation to Health Commission

Fall 2021
- Projected Opening

HealthRIGHT 360’s on-site staff available 24/7 to respond to concerns
Comments and Questions?
Contact:

1076Howard@sfdph.org
415-255-3495
1. The Drug Sobering Center is a pilot which will be evaluated along four dimensions: 1) contribution to MHSF global outcomes, 2) DSC services and utilization, 3) quality and 4) satisfaction. What other outcome measures would the IWG deem important or essential in evaluation of this program as pilot?

Data from the Drug Sobering Center will supplement global MHSF datasets, but the actual impact may be difficult to discern during the 18 month pilot. Much more attainable are service utilization and process measures like the number of unique visits, kinds of harm reduction services received or actual social service or treatment referrals. Similarly, quality, complaint and satisfaction will be routine program implementation measures. Looking ahead, DPH must determine if the DSC is an effective model which should be renewed or replicated.
2. How should the Drug Sobering Center be evaluated in the context of rapidly changing patterns of community drug use?

Patterns of community drug use evolve quickly. It is influenced by changing demographics and the economics of drug supply and demand. During COVID, San Francisco has witnessed a rapid rise in opioid drug use, particularly fentanyl. At the same time, methamphetamine use remained high. The relationship between methamphetamine and opioid drug use is complex, since the majority of current drug users are poly-substance users. The Drug Sobering Center’s programming will respond to these emerging drug use patterns as the DSC staff strive to reduce the impact of drugs on participants. Quite possibly, however, drug use patterns will change as we emerge from the COVID pandemic and housing options for persons experiencing homelessness remain uncertain.
Thank You
Public Comment for Discussion Item #5
Drug Sobering Center Overview

Steps:

• Call (415) 655-0001
• Enter access code 146 882 9742
• Press ‘#’ and then ‘#’ again
Public Comment for
Any other matter within the Jurisdiction of the Committee not on the Agenda

Steps:
• Call (415) 655-0001
• Enter access code 146 882 9742
• Press ‘#’ and then ‘#’ again
Housekeeping

- Website for the IWG

- Next steps
  - Recommendation Principles workgroup to meet
  - Feedback survey
  - IWG information and data requests re Drug Sobering Center

- Next Meeting Date and Time
  - May 25, 2021 (4th Tuesday of the month) 9:00 AM - 1:00 PM
Adjourn
# Appendix: Deliverable Dates

<table>
<thead>
<tr>
<th>Ordinance Deliverable</th>
<th>Original Date in Ordinance</th>
<th>Proposed Adjusted Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>IWG Annual Progress Report: Every year, IWG submits progress report to BOS, Mayor, and Dir of Health</td>
<td>Starting October 1, 2020</td>
<td>October 1, 2020 is cancelled. Next report: October 1, 2021</td>
</tr>
<tr>
<td>IWG Final Design/Implementation Recs Report: The IWG submits “its final recommendations concerning the design of Mental Health SF, and any steps that may be required to ensure its successful implementation” to the BOS, Mayor, and Dir of Health</td>
<td>June 1, 2021 (This original date assumes the IWG has met for over a year)</td>
<td>May 2022 to allow enough time for the IWG to cover MHSF topics and provide recommendations.</td>
</tr>
<tr>
<td>DPH Annual implementation plan (services, finance resources, what is infeasible to deliver)</td>
<td>Feb 1, 2021 (and annually thereafter) to Mayor and BOS - (this original date assumed the IWG has met 10+ months)</td>
<td>April 1, 2021 - light progress report given COVID and budget. First full implementation plan will be presented in Feb 2022.</td>
</tr>
</tbody>
</table>
Appendix: Ordinance Components

1) Mental Health Service Center

2) Office of Coordinated Care

3) Crisis Response Street Team

4) Mental Health and Substance Abuse Use Treatment Expansion

5) Office of Private Health Insurance Accountability
## Appendix: IWG Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Qualification</th>
<th>Appointed By</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scott Arai, Psy. D.</td>
<td>Residential Treatment Program Management and Operations</td>
<td>Mayor</td>
</tr>
<tr>
<td>Shon Buford</td>
<td>Peace Office, Emergency Medical Response, Firefighter (San Francisco Fire Department)</td>
<td>Mayor</td>
</tr>
<tr>
<td>Vitka Eisen, M.S.W., Ed.D</td>
<td>Treatment provider with mental health harm reduction experience (Health Right 360)</td>
<td>Mayor</td>
</tr>
<tr>
<td>Steve Fields, M.P.A.</td>
<td>Treatment provider with mental health treatment and harm reduction experience (Progress Foundation)</td>
<td>BOS</td>
</tr>
<tr>
<td>Ana Gonzalez, D.O.</td>
<td>DPH employee experience with treating persons diagnosed with both mental health and substance abuse (Behavioral Health, SFDPH)</td>
<td>Mayor</td>
</tr>
<tr>
<td>Phillip Jones</td>
<td>Lived experience</td>
<td>BOS</td>
</tr>
<tr>
<td>Monique LeSarre, Psy. D.</td>
<td>Behavioral health professional with expertise providing services to transitional age youth in SF (Rafiki Coalition)</td>
<td>BOS</td>
</tr>
<tr>
<td>Jameel Patterson</td>
<td>Lived experience</td>
<td>Mayor</td>
</tr>
<tr>
<td>Andrea Salinas, L.M.F.T.</td>
<td>Treatment Provider with experience working with criminal system involved patients</td>
<td>BOS</td>
</tr>
<tr>
<td>Sara Shortt, M.S.W.</td>
<td>Supportive Housing provider</td>
<td>BOS</td>
</tr>
<tr>
<td>Amy Wong</td>
<td>Healthcare worker advocate</td>
<td>BOS</td>
</tr>
<tr>
<td>Kara Chien, J.D.</td>
<td>Health law expertise</td>
<td>City Attorney</td>
</tr>
<tr>
<td>Hali Hammer, M.D.</td>
<td>DPH employee with health systems or hospital administration experience (Primary Care Behavioral Health, SFDPH)</td>
<td>Mayor</td>
</tr>
</tbody>
</table>