Call to Order/Roll Call
Meeting Goals

- Receive an update from the MHSF Director
- Review New Beds & Facilities Crisis Diversion Unit draft recommendations
- Receive an update from Analytics and Evaluation
- Review Office of Coordinated Care final recommendations and vote if ready

All materials can be found on the MHSF IWG website at: https://www.sfdph.org/dph/comupg/knowlcol/mentalhlth/Implementation.asp
Reminder: Mental Health SF Domains

**Mental Health SF Domains**

- **Office of Coordinated Care**
  - Case Management and Navigation
  - Overall Care Coordination
  - Marketing / Community Outreach
  - Inventory of Programs and Services

- **Street Crisis Response Team**
  - Pilot Phase
  - Ongoing Implementation

- **Mental Health Service Center**
  - Centralized Access
  - Pharmacy Services
  - Transportation

- **New Beds and Facilities** *(Mental Health and Substance Use Treatment Expansion)*
  - Expanding Existing Models
  - Drug Sobering Center
  - Crisis Diversion
  - TAY

**Data and IT Systems**

- **HR Hiring and Pipeline**
- **Equity**
- **Analytics and Evaluation**

*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
Discussion Item #1

Remote meeting update

All materials can be found on the MHSF IWG website at:
https://www.sfdph.org/dph/comupg/knowlcol/mentalhlth/Implementation.asp
RESOLVED, That MHSF IWG finds as follows:

1. As described above, the State of California and the City remain in a state of emergency due to the COVID-19 pandemic. At this meeting, MHSF IWG has considered the circumstances of the state of emergency.

2. As described above, State and City officials continue to recommend measures to promote physical distancing and other social distancing measures, in some settings.

3. As described above, because of the COVID-19 pandemic, conducting meetings of this body and its Discussion Groups in person would present imminent risks to the safety of attendees, and the state of emergency continues to directly impact the ability of members to meet safely in person.
Public Comment for Discussion Item #1
Remote meeting update

Steps:

• Call (415) 655-0001
• Enter access code 2488 882 4932
• Press ‘#’ and then ‘#’ again
Vote on Discussion Item #1
Remote meeting “findings”

Decision Rule:

• Simply majority, by roll call
Discussion Item #2

Approve Meeting Minutes

All materials can be found on the MHSF IWG website at:
https://www.sfdph.org/dph/comupg/knowlcol/mentalhlth/Implementation.asp
Public Comment for Discussion Item #2
Approve Meeting Minutes

Steps:

• Call (415) 655-0001
• Enter access code 2488 882 4932
• Press ‘#’ and then ‘#’ again
Vote on Discussion Item #2

Approve Meeting Minutes

Decision Rule:

• Simply majority, by roll call
Discussion Item #3

MHSF Director’s Update

9:20-9:40

Dr. Hillary Kunins

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

- Mayor London N. Breed declared an official State of Emergency in the Tenderloin (12/17/21); ratified by the Board of Supervisors (12/24/21)
- Allows for emergency operations to address the overdose crisis
- The latest draft of the plan seeks to:
  - Get both housed and unhoused people to the services they need
  - Improve safety
  - Reduce crime
  - Increase investment in the community
- The plan is a start and will change based on the opportunities and challenges faced, and on feedback from the community.
- Achievements to date, include:
  - Held listening sessions with neighborhood residents
  - Finalized details for the launch of the Tenderloin Linkage Center
  - Built the outdoor space of the Linkage Center
  - Continued daily operational discussions
Hiring Extravaganza Update

- To achieve MHSF's vision, we need more staff to provide direct care and to support the considerable and necessary infrastructure.
- Goal: Hire at least 200 behavioral health and MHSF positions by March 30, 2022. Approximately 90 of these positions lack a civil service list and could not be hired without emergency authorization.
- Reduce backlog and implement process changes so hiring capacity matches program demand moving forward. DPH has created a project team including BHS, HR (DPH and DHR), IT and facilities.
- Emergency authorization will also help streamline the process for remaining positions.
- The plan includes hiring positions needed to implement contracted components of MHSF – CBO partners.
Emergency Declaration Hiring Progress

- January 4 – Full Board of Supervisors hearing on Tenderloin Emergency Declaration, including 1st Supplement regarding hiring
- DHR and DPH implemented process for approvals under emergency authorization
- January 7 – Department of Public Health request to hire 79 positions under Tenderloin Emergency Declaration, which has been approved by the Department of Human Resources (additional position requests likely)
- Remaining positions will be hired using eligible lists when available
- DPH has created a project team including BH, HR (DPH and DHR), IT and facilities
- DPH HR has identified a list of recommended internal process changes to streamline now and going forward – currently being implemented
## Vacant Positions by Program Area and Hiring Status

<table>
<thead>
<tr>
<th>Program Area</th>
<th>Position Approval</th>
<th>Selection in Process</th>
<th>Onboarded</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Services - Adult and Older Adult</td>
<td>22</td>
<td>67</td>
<td>27</td>
<td>116</td>
</tr>
<tr>
<td>Clinical Services - Youth and Families</td>
<td>5</td>
<td>22</td>
<td>14</td>
<td>41</td>
</tr>
<tr>
<td>Office of Coordinated Care</td>
<td>2</td>
<td>35</td>
<td>19</td>
<td>56</td>
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<tr>
<td>Program Development, Data, Oversight and Administration</td>
<td>5</td>
<td>21</td>
<td>4</td>
<td>30</td>
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<tr>
<td>Whole Person Integrated Care</td>
<td>4</td>
<td>9</td>
<td>20</td>
<td>33</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>38</strong></td>
<td><strong>154</strong></td>
<td><strong>84</strong></td>
<td><strong>276</strong></td>
</tr>
</tbody>
</table>

Target positions for 200+ hires
Overview of Community Care Expansion (CCE) and Behavioral Health Continuum Infrastructure Program (BHCIP)

- Funding can support acquisition, construction, rehabilitation, and expansion of facilities
- CCE: $805B to expand adult and senior care facilities
  - Population: applicants/ recipients of Social Security Income, including people at risk of/experiencing homelessness and/or with behavioral health conditions.
- BHCIP: $202B to expand public and private behavioral health physical infrastructure
- Requires matching dollars
Funding Application/Cycles for Infrastructure Programs, BHCIP and CCE

- One cycle of request for funding will be issued end of January 2022
  - BHCIP: Launch-ready BH infrastructure project ($518M)
    - Outpatient, residential, shelter/support
  - CCE: $805M for capital expansions and preservation of adult and senior care facilities serving SSI/SSP and cash assistance for immigrant clients

- Additional 3 rounds to come
  - Children and youth (8/22)
  - Gaps (10/22; 12/22)

- Funding requires pre-application consulting
- Launch-readiness defined in RFP
Thank You
Public Comment for Discussion Item #3
MHSF Director’s Update

Steps:

• Call (415) 655-0001
• Enter access code 2488 882 4932
• Press ‘#’ and then ‘#’ again
Discussion Item #4

New Beds and Facilities: Crisis Diversion Unit Recommendation Review

All materials can be found on the MHSF IWG website at:
https://www.sfdph.org/dph/comupg/knowlcol/mentalhlth/Implementation.asp
Reminder: Mental Health SF Domains

Mental Health SF Domains

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

- Street Crisis Response Team
  - Pilot Phase
  - Ongoing Implementation

- Mental Health Service Center
  - Centralized Access
  - Pharmacy Services
  - Transportation

- New Beds and Facilities* (Mental Health and Substance Use Treatment Expansion)
  - Expanding Existing Models
  - Drug Sobering Center
  - Crisis Diversion
  - TAY

Dr. David Pating
Yoonjung Kim
Eme Garcia

Data and IT Systems ➔ HR Hiring and Pipeline ➔ Equity ➔ Analytics and Evaluation
Reminder of the Recommendation Roadmap

**September 28-October 26***
IWG receives background and discusses

**November 9***
IWG engages in white board session to source recommendation ideas

**December**
Discussion Group crafts recommendations

**January 25***
IWG reviews Discussion Group’s work

**February**
Discussion Group refines recommendation wording

**February 22***
Review recommendations and vote

You are here!

Conflicts of Interest key:
- ✓ = step out
- = be vigilant
- = all can participate

* Occurs during monthly IWG public meetings
Group Agreements

1. No one knows everything, together we know a lot
2. Listen actively, respectfully and for new information
3. Critique the idea, not the person
4. Step up/Step back
5. Speak from own experience; avoid generalizations
6. Focus on solutions that best create anti-racist, anti-sexist, anti-transphobic, anti-xenophobic, and promote a decolonized community
7. Use virtual meeting tools (camera, raise hand)
8. Allow the facilitator to guide the process
Crisis Diversion Unit Recommendations

Share screen of recommendations
Reminder of the Recommendation Roadmap

September 28-October 26*
IWG receives background and discusses

November 9*
IWG engages in white board session to source recommendation ideas

December
Discussion Group crafts recommendations

January 25*
IWG reviews Discussion Group’s work

February
Discussion Group refines recommendation wording

February 22 *
Review recommendations and vote

* Occurs during monthly IWG public meetings

Conflict of Interest key
● = step out
○ = be vigilant
● = all can participate
Public Comment for Discussion Item #4
Crisis Diversion Unit Recommendation Discussion

Steps:

- Call (415) 655-0001
- Enter access code 2488 882 4932
- Press ‘#’ and then ‘#’ again
5 Minute Break
Discussion Item #5

Update from Analytics and Evaluation

Monica Rose, MA, PhD
Director, Research & Evaluation
Quality Management
Behavioral Health Services

Wendy Lee
City Performance Unit
Office of the Controller

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

• Mental Health SF Target Population
• Draft of "Core" Metrics
• Using data to identify disparities
• Next steps
• Feedback, Q&A
Mental Health SF Target Population

Per the Mental Health SF Legislation:

*The primary focus of Mental Health SF is to help people with serious mental illness and/or substance use disorders who are experiencing homelessness get off of the street and into treatment.*

Processes undertaken to define these areas included:

- Consulting the literature for any established definitions
- Working with Subject Matter Experts (SMEs) from the Prop C Data Working Group, Behavioral Health, Ambulatory Care, Population Health, Homelessness & Supportive Housing (HSH), UCSF, and Information Technology (IT)
MENTAL HEALTH SF TARGET POPULATION DEFINITIONS

Persons Experiencing Homelessness (PEH)

*Individual or family who lacks a fixed, regular, and adequate nighttime residence*

Serious Mental Illness (SMI)

*Persons 18 years of age and older with a Psychotic or Bipolar Disorder, or at least one inpatient visit for a Depressive Disorder*

Substance Use Disorder (SUD)

*All Substance Use Disorders included except Cannabis*, Nicotine, Caffeine-related Disorders, and substance Use Disorders in remission (no use in >12 months)*

*Cannabis related disorders with psychotic symptoms are included*
DEVELOPING & CHOOSING “CORE” METRICS

• A select group of metrics to begin working on 1st

• Prioritized thus far based on areas identified by the Mental Health Reform Work, the Mental Health SF Legislation, and stakeholders and SMEs from the Mental Health SF domains, Behavioral Health Services (BHS), Ambulatory Care, and DPH leadership IWG

• Metrics that will enable broad tracking of the impact of Mental Health SF programs and services for the target population

• Metrics that are measurable, meaningful, and actionable

• Feasible based on data that is available or can be collected

• Manageable number of metrics
FRAMING QUESTIONS

• Are these the metrics that would allow you (the IWG) and other stakeholders to see the impact of Mental Health SF?

• Any metrics that might be missing? Would this be higher priority than a metric currently listed?

• Are there any metrics that you suggest that we deprioritize for our initial phase of reporting?
CORE METRICS AREAS

Housing  Routine Care  Wait Times  Crisis / Urgent Services  Overdose Response*  Quality of Life

DISPARITIES

*Not formally part of Mental Health SF but a priority area for the city and the Mental Health SF target population
Increase the percentage of the Mental Health SF target population assessed for housing.

Increase the percentage of the Mental Health SF target population who are placed in supportive housing.
• Increase the percentage of the Mental Health SF target population receiving routine behavioral health care.

• Increase the percentage of the Mental Health SF target population receiving routine behavioral health care post 5150 discharge.

• Decrease the percentage of the Mental Health SF target population who use crisis or urgent care services.
Decrease wait times for Intensive Case Management services.

Decrease wait times for residential treatment beds.
OVERDOSE RESPONSE

- Increase the amount of naloxone distributed in the community.
- Increase the percentage of persons with Opioid Use Disorders started on buprenorphine or methadone treatment.
- Decrease the number of deaths due to overdose.
- Decrease the disparity rates in deaths due to overdose.
QUALITY OF LIFE

Improve quality of life and functioning for persons in the Mental Health SF target population.
USING DATA TO IDENTIFY DISPARITIES

Data collection and maintenance  →  Standardized reporting

Consistent & routine reporting of metrics by key demographic factors

Determine appropriate comparison groups and benchmarks

Ensure data reports and visualizations clearly highlight disparities

Share findings with stakeholders
NEXT STEPS

• Current quarter (Jan-Mar 2022)
  ▪ Begin interviews to staff up A&E team
  ▪ Finalize list of Mental Health SF Core Metrics
  ▪ Begin analyzing data and identifying areas where disparities exist in the metrics

• Next quarter (Apr-Jun 2022)
  ▪ Complete Mental Health SF target population summary report
    ▪ Distribute and present to stakeholders
  ▪ Start developing draft reporting tools
  ▪ Fully staff up A&E team
FEEDBACK? QUESTIONS?

• Are these the metrics that would allow you (the IWG) and other stakeholders to see the impact of Mental Health SF?

• Any metrics that might be missing? Would this be higher priority than a metric currently listed?

• Are there any metrics that you suggest that we deprioritize for our initial phase of reporting?
## PROPOSED CORE METRICS

<table>
<thead>
<tr>
<th>Category</th>
<th>Proposed Metric</th>
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</thead>
<tbody>
<tr>
<td><strong>HOUSING</strong></td>
<td>1 Increase the percentage of the Mental Health SF target population assessed for housing.</td>
</tr>
<tr>
<td></td>
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<td><strong>ROUTINE CARE</strong></td>
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<td></td>
<td>4 Increase the percentage of the Mental Health SF target population receiving routine behavioral health care post 5150 discharge.</td>
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<tr>
<td><strong>CRISIS/URGENT SERVICES</strong></td>
<td>5 Decrease the percentage of the Mental Health SF target population using crisis or urgent care services.</td>
</tr>
<tr>
<td><strong>WAIT TIMES</strong></td>
<td>6 Decrease wait times for Intensive Case Management services.</td>
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<td>7 Decrease wait times for residential treatment beds.</td>
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<td><strong>OVERDOSE RESPONSE</strong></td>
<td>8 Increase the amount of naloxone distributed in the community.</td>
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<td>10 Decrease the number of deaths due to overdose.</td>
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<td></td>
<td>11 Decrease the disparity rates in deaths due to overdose.</td>
</tr>
<tr>
<td><strong>QUALITY OF LIFE</strong></td>
<td>12 Improve quality of life and functioning for persons in the Mental Health SF target population</td>
</tr>
</tbody>
</table>
Public Comment for Discussion Item #5
Update from Analytics and Evaluation

Steps:

• Call (415) 655-0001
• Enter access code 2488 882 4932
• Press ‘#’ and then ‘#’ again
Discussion Item #6
Office of Coordinated Care
Recommendation Discussion

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- Crisis Diversion
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*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
**Reminder of the Recommendation Roadmap**

**August-October**
IWG receives PPT presentation and discusses

**Nov 9**
IWG engages in white board session to source recommendation ideas

**Nov-Dec**
Discussion Group crafts recommendations

**Dec 14**
IWG reviews Discussion Group’s work

**Jan**
Discussion Group refines recommendation wording

**Jan 25**
Review recommendations and vote

* Occurred during monthly IWG public meetings

---

**Conflict of Interest key**
- **🔴** = step out
- **🟡** = be vigilant
- **🟢** = all can participate

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Mental Health SF Implementation Working Group
Share screen of recommendations
Office of Coordinated Care Recommendations

What is your level of agreement with the current list of Office of Coordinated Care Recommendations?

- 1. No way, I block this
- 2. I see issues we need to resolve
- 3. I see issues, but can live with it
- 4. I’m fine with this as is
- 5. I love this!
Public Comment for Discussion Item #6
Office of Coordinated Care Recommendation Discussion

Steps:

• Call (415) 655-0001
• Enter access code 2488 882 4932
• Press ‘#’ and then ‘#’ again
Vote on Discussion Item #6

Office of Coordinated Care Recommendations

Decision Rule:

• Simply majority, by roll call
Public Comment for
Any other matter within the Jurisdiction of the Committee not on the Agenda

Steps:
• Call (415) 655-0001
• Enter access code 2488 882 4932
• Press ‘#’ and then ‘#’ again
## Anticipated IWG Meeting Topics 2022

### Topic Area

<table>
<thead>
<tr>
<th>IWG Domains</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
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<th>Sep</th>
<th>Oct</th>
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<tr>
<td>Street Crisis Response Team</td>
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<tr>
<td>New Beds &amp; Facilities (NB&amp;F): Drug Sobering Center</td>
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<td>NB&amp;F: Crisis Diversion Unit (CDU)</td>
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<tr>
<td>NB&amp;F: Transitional Aged Youth (TAY)</td>
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<td>Office of Coordinated Care (OCC)</td>
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<td>Mental Health Service Center (MHSC)</td>
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<tr>
<td>Analytics &amp; Evaluation</td>
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### Deliverable

- **Deliverable:** IWG Annual Progress Report
- **Deliverable:** IWG Implementation Report

### Other Intersecting Departments/Projects/Briefings

| CON: Citywide Street Outreach Briefing (SCRT, SFHOT, SORT, etc.)           |     |     |     |     |     |     |     |     |     |     |     |     |
| HSH: Housing Briefing                                                     |     |     |     |     |     |     |     |     |     |     |     |     |
| DPH MHSF Budget Update                                                    |     |     |     |     |     |     |     |     |     |     |     |     |

*D=Design  U=Update*
Housekeeping

- No vaccine requirement or in person meeting updates
- Crisis Diversion Unit discussion group in February
- Next Meeting Date and Time
  - 4th Tuesday of the month: 9:00 AM
  - February 22, 2022
- Meeting Minutes Procedures
  - [https://www.sfdph.org/dph/comupg/knowlcol/mentalhlt\h/Implementation.asp](https://www.sfdph.org/dph/comupg/knowlcol/mentalhlt\h/Implementation.asp)
  - Draft minutes in the next two weeks
  - Approved meeting minutes will be posted
Adjourn