Call to Order/Roll Call
Meeting Goals

- Finalize principles to guide recommendations
- Understand the MHSF budget
- Discuss and vote on Drug Sobering Center recommendations
- Receive presentation and discuss New Beds & Facilities

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-xenophobic, and promote a decolonized community
7. Use virtual meeting tools (camera, raise hand)
8. Allow the facilitator to guide the process
Discussion Item #1

Approve Meeting Minutes

All materials can be found on the MHSF IWG website at:
https://www.sfdph.org/dph/comupg/knowlcol/mentalhlth/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 146 809 4942
• Press ‘#’ and then ‘#’ again
Vote on Discussion Item #1
Approve Meeting Minutes

Decision Rule:
• Simply majority, by roll call
Discussion Item #2

Principles to apply when developing MHSF recommendations

DELAYED: WILL ADDRESS IN AUGUST IWG MEETING

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

- Budget update

Kelly Kirkpatrick
Director of Administration and Operations,
Mental Health SF at San Francisco Department of Public Health

All materials can be found on the MHSF IWG website at:
https://www.sfdph.org/dph/comupg/knowlcol/mentalhlth/Implementation.asp
New Behavioral Health Investments - Proposition C

Annual spending plan for Our City, Our Home funds (Prop. C) approved for FY 21-22 & FY 22-23

- Approximately $93M in ongoing, annualized spending
  - $50.9 million approved as part of FY 20-21 spending plan
  - $42.2 million for new, ongoing programs
- One-time - $130 million to acquire and rehab. sites for residential care and treatment beds and services; $4.2 million for Mental Health Service Center capital improvements across the FY 20-23 budgets
- Spending plan supports implementation of all aspects of MHFSF
Approximately $55 million annually starting in FY 21-22 in Prop C funds to expand and further support the key MHSF domain areas

- The new Prop C investments build on existing department resources and staffing deployed to support the implementation of Mental Health SF

<table>
<thead>
<tr>
<th>MHSF Components</th>
<th>FY 20-21</th>
<th>FY 21-22</th>
<th>FY 22-23</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office of Coordinated Care</td>
<td>$4.2</td>
<td>$9.7</td>
<td>$10.0</td>
</tr>
<tr>
<td>Street Crisis Response Team</td>
<td>$6.2</td>
<td>$11.8</td>
<td>$12.3</td>
</tr>
<tr>
<td>Mental Health Service Center</td>
<td>$0.9</td>
<td>$3.8</td>
<td>$5.9</td>
</tr>
<tr>
<td>New Beds and Facilities</td>
<td>$4.8</td>
<td>$30.3</td>
<td>$30.9</td>
</tr>
<tr>
<td>Total Ongoing Prop C Budget</td>
<td>$16.2</td>
<td>$55.5</td>
<td>$59.0</td>
</tr>
</tbody>
</table>
$9.7 million for the Office of Coordinated Care (OCC)

- Provide case management and linkage services to clients
- Streamline and organize the delivery of mental health and substance use services across the City

<table>
<thead>
<tr>
<th>Program Areas</th>
<th>FY 20-21</th>
<th>FY 21-22</th>
<th>FY 22-23</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Expansion of Case Management</td>
<td>$4.2</td>
<td>$9.7</td>
<td>$10.0</td>
</tr>
<tr>
<td>• Coordination and Oversight</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• TAY Care Coordination</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Bed Tracking System</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2. SCRT

$11.8 million for Street Outreach Crisis Response Teams (SCRT)

- Provide interventions and connections to ongoing care for people who experience behavioral health crises on the streets of San Francisco

<table>
<thead>
<tr>
<th>Program Areas</th>
<th>FY 20-21</th>
<th>FY 21-22</th>
<th>FY 22-23</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Seven core response team field staff</td>
<td>$6.2</td>
<td>$11.8</td>
<td>$12.3</td>
</tr>
<tr>
<td>• Program supervision and management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Pilot program evaluation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Vehicles, supplies &amp; engagement materials</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Staff training</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3. MHSC

$3.8 million for Mental Health Services Center (MHSC)

- Expanding Behavioral Health Access Center (BHAC) hours and other improvements - a first step toward the creation of a centralized drop-in Mental Health Services Center

MHSC - Prop C Funds ($ millions)

<table>
<thead>
<tr>
<th>Program Areas</th>
<th>FY 20-21</th>
<th>FY 21-22</th>
<th>FY 22-23</th>
</tr>
</thead>
<tbody>
<tr>
<td>• BHAC Hours Expansion</td>
<td>$0.9</td>
<td>$3.8</td>
<td>$5.9</td>
</tr>
<tr>
<td>• Pharmacy Expansion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• One-time capital costs</td>
<td>$4.2</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
$30.3 million for New Beds & Facilities

- Residential care and treatment expansion – Prop C funding supports approximately 350 additional beds*

<table>
<thead>
<tr>
<th>Program Areas</th>
<th>FY 20-21</th>
<th>FY 21-22</th>
<th>FY 22-23</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Drug Sobering • Psych SNF</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Locked Subacute (LSAT)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Board &amp; Care • Crisis Diversion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Mental Health Residential</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Residential Step-Down</td>
<td>$4.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• TAY Residential Beds</td>
<td></td>
<td>$30.3</td>
<td>$30.9</td>
</tr>
<tr>
<td>• Managed Alcohol Program</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Co-op Housing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Client Transportation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• One-Time Acquisition &amp; Rehab</td>
<td>$7.7</td>
<td>$76.8</td>
<td>$45.5</td>
</tr>
</tbody>
</table>

NB&F - Prop C Funds ($ millions)

*Approx. 60 additional beds funded through other sources not reflected here
Other Investments to Serve PEH

Other key Prop C investments to provide care for persons experiencing homelessness, and align with the goals of MHSF include:

- $13.2M for Overdose Response to expand access medications for addiction treatment, contingency management, and a new street-based response team
- $7.7M for behavioral health and physical health services in shelters and Permanent Supportive Housing (PSH)
- $6.8M for additional behavioral health support on the street, in shelters and drop in-centers, and targeted services for transgender and TAY clients
Public Comment for Discussion Item #3
MHSF Budget

Steps:

• Call (415) 655-0001
• Enter access code 146 809 4942
• Press ‘#’ and then ‘#’ again
Discussion Item #4

Drug Sobering Center Refinement of Recommendations and Voting

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
  - Bed Optimization Report Findings
  - Drug Sobering Center*
  - MH Urgent Care/Crisis Diversion Facility*

*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.

Data and IT Systems → HR Hiring and Pipeline → Equity → Analytics and Evaluation

David Pating
Eme Garcia
Yoonjung Kim
Reminder of the Recommendation Roadmap

April 27*  
IWG receives issue paper and discusses with Dr Pating

May 25*  
IWG engages in white board session to source recommendation ideas

June 7  
Discussion Group crafts recommendations

June 22*  
IWG reviews Discussion Group’s work

July 6  
Discussion Group refines recommendation wording

July 27*  
Review recommendations and vote

* Occurred during monthly IWG public meetings
A Note about Conflicts of Interest

**Appropriate**
- Discussion and recs re categories of work performed by the City or by grantees or contractors
- Info re a possible contract (because the meeting itself is public) or issued contract (public record)
- Public information about departments’ plans for contracts and grants
- Questions to the department about a proposed scope

**Be aware**
- IWG member anticipating their organization might want to do the work should recuse themselves from that part of the discussion
- Members should not use their official capacity as an IWG member to ask questions about contracts their organization is seeking
- Members who might seek particular contracts/grants should recuse from that portion of the discussion
- Steer clear from inquiries related to contracts pending or specific responders to solicitations/vendors/potential awardees
Share screen of recommendations
What is your level of agreement with the current list of Drug Sobering Center Recommendations?
Public Comment for Discussion Item #4

Drug Sobering Center Recommendations

Steps:

• Call (415) 655-0001
• Enter access code 146 809 4942
• Press ‘#’ and then ‘#’ again
Vote on Discussion Item #4
Drug Sobering Center Recommendations

Decision Rule:
• Simply majority, by roll call
5 Minute Break
Discussion Item #5

New Beds and Facilities Discussion

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 Components

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
- Bed Optimization Report Findings
- Drug Sobering Center*
- MH Urgent Care/Crisis Diversion Facility*

*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

**You are here!**

- **July 27***
  - IWG receives issue paper and discusses

- **August 24***
  - IWG engages in white board session to source recommendation ideas

- **September**
  - Discussion Group crafts recommendations

- **September 28***
  - IWG reviews Discussion Group’s work

- **October**
  - Discussion Group refines recommendation wording

- **October 26***
  - Review recommendations and vote

* Occurrs during monthly IWG public meetings
A Note about Conflicts of Interest

**Appropriate**

Discussion and recs re categories of work performed by the City or by grantees or contractors

Info re a possible contract (because the meeting itself is public) or issued contract (public record)

Public information about departments’ plans for contracts and grants

Questions to the department about a proposed scope

**Be aware**

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Members who might seek particular contracts/grants should recuse from that portion of the discussion

Steer clear from inquiries related to contracts pending or specific responders to solicitations/vendors/potential awardees
Agenda

1. Overview of current ecosystem
2. Design strategy
3. Service expansion plan
4. Request for IWG support
Context: Mental Health SF Domains

- Office of Coordinated Care
- Street Crisis Response Team
- Mental Health Service Center
- New Beds and Facilities (Mental Health and Substance Use Treatment Expansion)

- Data and IT Systems
- HR Hiring and Pipeline
- Equity
- Analytics and Evaluation
Residential Care and Treatment

The goal is to offer high quality, timely, easily accessible, coordinated, and recovery-oriented care delivered in the least restrictive setting.

<table>
<thead>
<tr>
<th>New Beds and Facilities</th>
<th>Residential System of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Expand existing programs</td>
<td>• Monitor quality of current programs</td>
</tr>
<tr>
<td>• Add new types of treatment programs</td>
<td>• Monitor timely access to care</td>
</tr>
<tr>
<td></td>
<td>• Improve current programs</td>
</tr>
<tr>
<td></td>
<td>• Operations of new programs</td>
</tr>
</tbody>
</table>
Context: Baseline care continuum

SFDPH Behavioral Health Beds FY 2018–19

**CRISIS STABILIZATION**
- Crisis Services
  - Baseline care continuum
  - SFDPH Behavioral Health Beds FY 2018–19

**ACUTE PSYCHIATRIC**
- Acute psychiatric services
  - High-intensity, acute psychiatric services
  - Acute psychiatric services 24 hours a day
  - Treatment of individuals in acute psychiatric distress
  - Treatment of acute psychiatric symptoms
  - Treatment of acute psychiatric symptoms
  - Risk of harm to self or others
  - Acute Inpatient Psychiatric Services

**WITHDRAWAL MANAGEMENT & RESPITE**
- Withdrawal management and respite
  - Programs providing acute and post-acute medical care
  - For individuals who are too ill or frail to recover from a physical illness or injury
  - Services for severely impaired residents suffering from a psychiatric illness
  - Locked Sub-acute
  - Psychiatric Skilled Nursing Facility
  - State Hospital

**LOCKED RESIDENTIAL TREATMENT**
- Residential treatment facility
  - A lock-in facility providing care for residents with mental illness
  - Services for severely impaired residents suffering from a psychiatric illness
  - Locked Sub-acute
  - Psychiatric Skilled Nursing Facility
  - State Hospital

**OPEN RESIDENTIAL TREATMENT**
- Residential care facilities
  - A lock-in facility providing care for residents with mental illness
  - Services for severely impaired residents suffering from a psychiatric illness
  - Locked Sub-acute
  - Psychiatric Skilled Nursing Facility
  - State Hospital

**RESIDENTIAL CARE FACILITIES**
- Residential care facilities
  - A lock-in facility providing care for residents with mental illness
  - Services for severely impaired residents suffering from a psychiatric illness
  - Locked Sub-acute
  - Psychiatric Skilled Nursing Facility
  - State Hospital

**TRANITIONAL & SUPPORTIVE HOUSING**
- Transitional and Supportive Housing
  - Programs providing housing stability
  - Services for people with significant barriers to housing stability
  - Transitional and Supportive Housing
  - Programs providing housing stability
  - Services for people with significant barriers to housing stability
  - Transitional and Supportive Housing
  - Programs providing housing stability
  - Services for people with significant barriers to housing stability
  - Transitional and Supportive Housing
  - Programs providing housing stability
  - Services for people with significant barriers to housing stability
  - Transitional and Supportive Housing
  - Programs providing housing stability
  - Services for people with significant barriers to housing stability
Vincent was previously diagnosed with schizophrenia and a history of multiple admissions to multiple levels of care including PES, inpatient psychiatric admissions, and single resident occupancy (SRO).

He was 23 years old when he was arrested due to starting a fire at his current SRO in response to hearing voices. He was unable to stand trial due to mental illness (1370). He was in jail for more than 4 months waiting for treatment at a locked sub-acute treatment (LSAT) facility.
Personal story: Service integration

Maria is a 21-year-old woman with schizophrenia, diabetes, and uses methamphetamine. Maria has been staying at the inpatient unit at ZSFGH for a month.

She was referred to both mental health residential and substance use residential 90-day programs but was rejected by both.
Current behavioral health residential treatment ecosystem (adult programs)

- **Inpatient**: 44 beds
- **LSAT + PSNF**: 282 beds
- **Med detox**: 26 beds
- **ADU**: 44 beds
- **Social detox**: 27 beds
- **Board + Care (ARF + RCFE)**: 587 beds
- **H-bird**: 30 beds
- **Residential Step-down**: 197 beds
- **90-day Residential**: (410) beds
- **SUD**: 259 beds
- **BH**: 161 beds
- **State IP**: 39 beds
- **Inpatient**: 44 beds
- **LSAT + PSNF**: 282 beds
- **DUCC**: 13 beds
- **PES**: 18 beds

Size of dot = relative number of beds

Acuity of client presentation vs Restrictions
Design strategy

1. MHSF legislation
2. MH Reform Team's Bed Optimization Report
3. Utilization and vacancy rates (findtreatmentSF.org)
4. Prop C funding and new programming
“… expand the following types of residential treatment options across the continuum of care to meet identified needs:”

1. Mental Health urgent care
2. Drug sobering center
3. Crisis residential treatment services
4. Secure inpatient hospitalization and locked wards
5. Transitional residential treatment bed
6. Long-term supportive housing and adult residential facilities (also known as “board and care homes”)

San Francisco Health Network
Behavioral Health Services
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
## Bed Optimization Report

<table>
<thead>
<tr>
<th>Bed Category</th>
<th>Recommended Expansion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Locked Subacute Treatment</td>
<td>31</td>
</tr>
<tr>
<td>Psychiatric Skilled Nursing Facility</td>
<td>13</td>
</tr>
<tr>
<td>Residential Care Facilities (aka Board and Care)</td>
<td>31</td>
</tr>
<tr>
<td>Residential Care Facilities for Elderly</td>
<td>22</td>
</tr>
<tr>
<td>Mental Health Residential Treatment (12-month)</td>
<td>20</td>
</tr>
</tbody>
</table>
Behavioral Health Services: Residential Treatment Beds Utilization
February 1 – June 30, 2021

<table>
<thead>
<tr>
<th>SUD</th>
<th>Average Daily Utilization</th>
<th>Average Daily Beds Available (Open Beds Reported)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Detox</td>
<td>84%</td>
<td>4.03</td>
</tr>
<tr>
<td>Social Detox</td>
<td>85.6%</td>
<td>4</td>
</tr>
<tr>
<td>Perinatal Residential</td>
<td>66.8%</td>
<td>12</td>
</tr>
<tr>
<td>General Residential</td>
<td>84.8%</td>
<td>27</td>
</tr>
<tr>
<td>Residential Stepdown</td>
<td>96.5%</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mental Health</th>
<th>Average Daily Utilization</th>
<th>Average Daily Beds Available (Open Beds Reported)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADU</td>
<td>80.9%</td>
<td>7</td>
</tr>
<tr>
<td>90-day Residential</td>
<td>87.2%</td>
<td>11</td>
</tr>
<tr>
<td>One-year Residential</td>
<td>90%</td>
<td>3</td>
</tr>
<tr>
<td>One-Year Specialty (Women's program)</td>
<td>86%</td>
<td>1.46</td>
</tr>
</tbody>
</table>

1 60-Day MH Residential I Grove Street is temporarily closed for renovations
Our City, Our Home (Prop C)

- Our City, Our Home funded support for services for people experiencing homelessness and to prevent homelessness.
- The measure requires that at least 25% of available Prop C funds go to the Department of Public Health for the creation of new mental health services program or programs that are specifically designed for people experiencing homelessness who are severely impaired by behavioral health issues.
REFRESH: Current behavioral health residential treatment ecosystem (adult programs)

Size of dot = relative number of beds

Acuity of client presentation

Restrictions
Thought map for behavioral health residential treatment ecosystem (adult programs)

- Acuity of client presentation
- Restrictions

- Board + Care (ARF + RCFE)
- Residential Step-down
- ADU
- H-bird
- DSC
- MAP
- TAY
- 12-mo. rehab
- Med detox
- DUCC
- BH MR
- LSAT + PSNF
- State IP
- Inpatient
- PES

Size of dot = relative number of beds

San Francisco Health Network Behavioral Health Services

San Francisco Department of Public Health
# DPH Behavioral Health Beds Expansion

The San Francisco Department of Public Health (DPH) is increasing residential treatment and care services for mental health and substance use disorders by approximately 400 overnight treatment spaces, or beds. The expansion effort is guided by the 2020 DPH Behavioral Health Bed Optimization Report, Mental Health SF legislation, and with input from stakeholders. The goal is to offer high quality, timely, steady accessible, coordinated, and recovery-oriented care delivered in the least restrictive setting.

## DPH Behavioral Health Residential Care & Treatment Expansion

<table>
<thead>
<tr>
<th>Goal</th>
<th>Project</th>
<th>Status</th>
<th>Description</th>
<th>Est. Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>Open 2021</td>
<td>Hummingbird - Valencia</td>
<td>Status: Serving Clients</td>
<td>30</td>
</tr>
<tr>
<td>20</td>
<td>Open 2020</td>
<td>Managed Alcohol Program PSH</td>
<td>Status: Permanent location and additional funding will expand the program from 10 beds to 20 beds</td>
<td>20</td>
</tr>
<tr>
<td>20</td>
<td>Open 2021</td>
<td>12-month Rehabilitative Board and Care</td>
<td>Status: Accepting placements</td>
<td>20</td>
</tr>
<tr>
<td>31</td>
<td>Open 2021</td>
<td>Mental Health Rehabilitation Beds (ex: LAAT)</td>
<td>Status: Accepting placements</td>
<td>31</td>
</tr>
<tr>
<td>13</td>
<td>Open Summer 2021</td>
<td>Psychiatric Skilled Nursing Facilities (ex: PEM)</td>
<td>Status: Contract negotiations</td>
<td>13</td>
</tr>
<tr>
<td>6</td>
<td>Open Fall 2021</td>
<td>Cooperative Living for Mental Health</td>
<td>Status: Accepting applications</td>
<td>6</td>
</tr>
<tr>
<td>73</td>
<td>Opening date to be determined</td>
<td>Residential Care Facility</td>
<td>Status: Active negotiations to acquire a building</td>
<td>73</td>
</tr>
<tr>
<td>140</td>
<td>Opening date to be determined</td>
<td>Residential Step-down - SUD</td>
<td>Status: Active negotiations to acquire a building</td>
<td>140</td>
</tr>
<tr>
<td>30</td>
<td>Opening date to be determined</td>
<td>Enhanced Dual Diagnosis</td>
<td>Status: Program in development</td>
<td>30</td>
</tr>
<tr>
<td>10</td>
<td>Opening date to be determined</td>
<td>Transitional Age Youth (TAY) Residential Treatment</td>
<td>Status: Program in development</td>
<td>10</td>
</tr>
<tr>
<td>15</td>
<td>Opening date to be determined</td>
<td>Crisis Diversion Facility</td>
<td>Status: Program in development</td>
<td>15</td>
</tr>
</tbody>
</table>

## Key

<table>
<thead>
<tr>
<th>Status</th>
<th>Completion Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open</td>
<td>Complete</td>
</tr>
<tr>
<td>In process</td>
<td></td>
</tr>
<tr>
<td>Planned</td>
<td></td>
</tr>
</tbody>
</table>

#### Project Phases and Status

- SOMA RISE (ex: Drug Sobering Center)
- Status: Infiing permitting and construction
- 123456

- Pilot 24/7 program for people experiencing homelessness with drug intoxication, providing short-term stays and linkage to services
- 123456

- Supervised residential program for individuals with mental health issues who require assistance with activities of daily living
- 123456

- Long-term sober living environment for clients coming out of residential care programs
- 123456

- Transitional medically enhanced care for people with a dual diagnosis of mental health and substance use issues
- 123456

- Supervised treatment for young adults with serious mental health and substance use issues
- 123456

- Short-term, urgent care intervention as an alternative to hospital care
- 123456

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San Francisco Health Network Behavioral Health Services

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
Opening new programs

1. Identify facility requirements
2. Research available properties
3. Match program to property
4. Inspect, appraise, and negotiate for property
5. Design architectural plans, permits
6. Initiate construction
7. Initiate operational set-up
Implementation summary

- Newly opened
  - Hummingbird – Valencia, Managed Alcohol Program PSH (temporary facility), 12-month Rehabilitative Board and Care, Mental Health Rehabilitation (LSAT)

- Planned for 2021
  - SOMA RISE (drug sobering center), Cooperative Living for Mental Health, Psychiatric Skilled Nursing Facility

- Active development
  - Residential Care Facility (Board and Care), Enhanced Dual Diagnosis, Residential Step-down – SUD

- Design & facility search
  - Transitional Age Youth (TAY), Managed Alcohol Program PSH (permanent facility), Crisis Diversion Facility
Request for IWG guidance

1. We are in the early planning phase for expanding/enhancing dual diagnosis services. Which clients need this type of program and what services do they need to treat their co-occurring mental health, substance use, and medical needs?

2. What outcome measures (measures of success) should we report for new long-term treatment facilities?
   A. 12-month Rehabilitative Board & Care (with social rehabilitative services)
   B. Mental Health Rehabilitation (aka locked sub-acute treatment)
   C. Psychiatric Skilled Nursing Facility beds (PSNF)
Questions?
Next steps for New Beds and Facilities

- IWG to submit questions using the standard information and data request form
- DPH will address questions at August meeting
- August meeting we will brainstorm initial recommendation ideas
Public Comment for Discussion Item #5
New Beds and Facilities

Steps:
• Call (415) 655-0001
• Enter access code 146 809 4942
• 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 146 809 4942
• Press ‘#’ and then ‘#’ again
# Potential IWG Meeting Topics (FY21-22)

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<th>Deep Dive Topic Area</th>
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Website for the IWG

- Meeting materials

Next Meeting Date and Time

- August 24, 2021: 9:00 AM - 1:00 PM
- 4th Tuesdays of the month

Meeting Minutes Procedures

- Draft minutes in the next two weeks
- Approved meeting minutes will be posted
Adjourn